The world breaks everyone and afterward many are strong at the broken places.

Ernest Hemmingway A Farewell to Arms, 1929

GIR Broken CSIR ON C

BY PAULA DAVIS

Recently, I contracted viral meningitis. It began as an insidious sore throat that silently invaded my body sending its throbbing potency into every fibre of my being. Not satisfied to invade only my throat, the virus traveled upwards to the lining of my brain. The throbbing intensified to become an unrelenting medical crisis.

After about five days of lying in a hospital bed I slowly began to emerge from the stupor of mind-numbing painkillers. Perhaps it was a reaction to the drugs, I could not tell but a wave of aloneness, fragility and heightened vulnerability washed over me. I ached to be home surrounded by family and close friends, to feel loved, nurtured, held and comforted. The intensity of my feelings startled me. My daughter later told a friend it was the first time I had indicated that I really needed her (a legacy of past difficult teenage wars). For a week I lay unable to move without searing pain. During this time I vividly perceive myself (helped by morphine) to be lying at the bottom of a deep, narrow pit looking up at the light. I sensed I would have to marshal every ounce of strength in order to scale the slippery walls to reach the elusive light. Ah! Such a familiar place!

American psychoanalyst Helen Flanders Dunbar's (1943; 1947) became famous in the 1940s and 1950s mostly for adding the term psychosomatic to popular usage. She argued that the symptoms of any illness were 'insight symbols'. She hypothesised that the reason a person suffers from a particular illness or accident at a certain time in his or her life is probably connected to their inner world. I mentioned this concept to my adult son who had recently dislocated his shoulder during a time of acute physical and emotional dislocation. I began to contemplate the metaphor that posed a link between my physical meningitis and meningitis of my soul.

Interestingly, body-oriented therapeutic approaches propose that the body stores memories of pain (Ogden & Minton, 2006). An example is found in Kleinman's (1988) study that found that depressed Chinese clients oftentimes present with somatic symptoms rather than depression. Neurobiology asserts that the brain cannot process overwhelming traumatic events and the undischarged energy is stored in the body in the form of sensual memory (Fisher, 2009). When similar sensations are encountered in the present (such as a particular smell, colour or sound) the individual is flooded with associated memory and emotion. The body is thrust back to the time and place of the original trauma.

Body-oriented therapies recognise the importance of the body in healing trauma. They draw from somatic therapies, neuroscience, attachment theory, cognitive methods, and the Hakomi Method, initiated by Ron Kurtz (1990). Peter Levine's (1997) contribution, in his book, Waking the Tiger, involved the study of animals in the wild in order to identify the difference between traumatic responses in animals and how it relates to human trauma. Levine found that even though animals experienced continual threat they were not generally traumatised. Through his research he discovered that animals possess an innate ability "to literally "shake off" the consequences of life threatening encounters

without lingering after-affects" (Levine & Kline, 2006, p. xxii). He began to wonder if humans possessed this same innate quality but somehow failed to use it by revoking it (Levine & Kline, 2006). Robert Scaer (2007, pp. 47-48) in his book, The Body Bears the Burden, summarises Levine's ideas as follows:

Trauma is caused by the absence or suppression of a [body based] 'discharge' after recovery from the state of freeze immobility...If the discharge did not occur, all of the [body based] experiences of the threat will be stored in procedural memory as if the traumatic event were still present, and not a past memory/experience.

From his research Levine (1997) developed an approach called Somatic Experiencing, advocating the necessity of parasympathetic completion. In other words, the individual must be enabled to progress from sympathetic activation that interprets body experiences as current reality, to regulation of the sympathetic activation. "The core of traumatic reaction is ultimately physiological, and it is at this level that healing begins" Levine (1997, p. 218).

Subsequently, in the 1980s, Pat Ogden (Ogden, Minton & Pain, 2006) developed a body-oriented talking therapy called sensorimotor psychotherapy. Her work was enhanced by researchers who suggest that un-discharged trauma and grief is stored in the body and that there are no words to describe the traumatic experience (Nijenhuis, van Dyck, Spinhoven, van der Hart, Chatrou, Vanderlinden & Moene, 1999; Schore, 2003; Siegel, 2006, 2010, 2012; van der Kolk, 2006); van der Kolk & Fisler, 1995; van der Kolk, McFarlane & Weisaeth, 1996).

The year before I contracted meningitis a series of severe disappointments rocked my world. Individually they were not especially overwhelming but when combined they led to profound inflammation of the soul. At the height of this attack of psychical and emotional meningitis, I worried I would never be able to return. It felt like something inside had irreparably broken. There was no medicine, no words and no cure that would ease the pain. I had to tough it out until the swelling subsided. Would body-oriented therapy have helped?

How do we recover from meningitis of the soul? Some soul wounds slice deep. The inflammation takes a long time to heal. When the heart is especially broken the grief is prolonged. I am prone to wondering lately what makes some people emerge from ordeals intact, strong even, while others retreat into the chaos of seething bitterness. Are challenges and trials really the enemy or could they be the doorways that open to inner strength? Does wisdom really grow from the depths of vulnerability? Is it just a cruel cliché to say that struggle builds resilience, deepens vision, transforms the spirit, develops patience and endurance, and renders us stronger and more passionate in living? How do we as therapists help others to realise this kind of strength in their broken places? I lean heavily towards the premise that our effectiveness in the helper role is inextricably intertwined with looking at how we answer these questions. Self-experience tends to enable us to more effectively counsel others.

One of the gifts of pain is that values taken for granted in times of ease are forced out into the open when disaster strikes and require serious scrutiny. Life is tenuous. Illness, death, disappointment, betrayal, violence, addiction - any seismic upheaval or loss shatters our illusions of control. We are forced to confront the fact that we cannot control what matters to us most. Our imaginings of an easy life are shattered. Every time we enter the grieving process we are forced to let go of the hopes and dreams we have held and cherished. Our hopes are based on our current life and sometimes life events demolish the life we have known. It is no accident that the very first step in the Twelve Step Recovery Program (Alcoholics Anonymous World Services, Inc., 2002) is an attempt to convince an addict that they are powerless against forces they are incapable of controlling. How does one emerge stronger from unbearable loss?

Perhaps strength comes as a result of exercising our emotional muscle. Just like a physical muscle our emotional muscle becomes more flexible and resilient with use. It intrigues me to read articles written by American citizens struggling to adjust to their radically changed world in the aftermath of September 11. Stories emerge time and again suggesting that those who appear better able to confront this new terror are people who have weathered previous firestorms. They cope better than those who have never known uncertainty or been shaken by the volcanic underpinnings of life. They have learnt to appreciate life with less illusion. We call this resilience.

This makes sense in my work as a trauma counsellor. Years spent working with severe political and war violence in northern Uganda and northern Sri Lanka as a wounded healer (Nouwen, 1979), has changed my concept of resilience and posttraumatic growth. I continually witness how profound trauma shatters a person's self-concept and their sense of safety and control of their world (Fisher, 2009). Bruising shock catapults victims into the scandalising realisation that they are not exempt from trouble, pain and evil. There is no place to hide. Whatever unresolved traumas lie hidden beneath the survivor's consciousness become intrusive and urgent. In their vulnerable state they become cruelly suspended in liminal space stripped to emotional nakedness.

Yet many survivors of trauma and of life know that just staying alive and surviving is not enough. As therapists we know that to become strong in the broken places, a person must risk opening up to at least one other person and speak out loud about what has happened (Levine, 2010, Hoff, Hallisey, & Hoff, 2009; Mollica, 2006; Roberts, 2002; Rothschild, 2000; Ross, 2000; Schiraldi, 2009; van der Hart, Steele, & Nijenhuis, 2006; Williams, & Poijula, 2002). Perhaps this is the most difficult thing - to expose our physic wounds to another. What a privilege and responsibility it is as a therapist to be invited to enter the broken places of another soul and love them back to life.

Yet it appears to be a cruel paradox. How can strength come from brokenness? How can the bruised, broken and battered emerge stronger? In my Anglo-Australian culture I have been taught that to be broken is to be weak. For instance, at the funeral of

a loved one the grieving person is praised for being strong if they hold it together. Robust displays of emotions suggest loss of control and disintegration. We are taught to hide our wounds within a culture of individualism, mastery and control. Avoiding or denying uncertainty might be safer but no matter how we try to evade it, life will never become more predictable. How sad that we fail to realise where true strength lies - the courage to claw one's way out of the pit. A recent survivor of cancer alleged that strength lies not in the ability to stand up to anything, but the capacity to crawl on your belly a long, long way until you can stand up again. Another victim of debilitating disease affirmed that strength without knowing how brokenness feels is nothing but a house of cards.

Let me tell you about Tom (not his real name). Tom was my client on and off for over three years. Tom was a broken man, although he did not know this when he first came to see me. He preferred to break other people. He regularly and predictably broke his wife and children's bodies and spirits. His wife wised up and left him. I walked with Tom through a messy divorce where he exerted every form of dirty manipulation and control at his disposal. Tom was aware only of his rage against a world that had betrayed him. I tried to be a mirror for his soul.

Surprisingly, Tom kept coming back. He was not a man I warmed to and therapy was far from predictable. He vacillated from sudden rage against his family (and me) and anting to shoot us all (he kept guns in his house) to suicidal despair. Many days I wondered if this jilted, disturbed man would blow his family and himself away. It stretched my emotional reserves. Over time and Tom became aware of other emotions that fuelled his rage. He began to risk entering his chaotic inner world and we both wondered if he would survive the torturous journey. Tom had survived his life but what about his spirit? I began to ask myself why I continually chose to share the weight of this man's suffering.

Like many tortured children Tom could not put the past behind him until he faced his memories head-on. Levine (2008) contends that a traumatic event does not need to be consciously remembered in order for healing to occur. In fact, "The mastery of trauma...is the process of finding ourselves a safe and gentle way of coming out of immobility without being overwhelmed" (Levine, 2008, p. 120). A traumatised individual like Tom experiences difficulty with regulation of the autonomic nervous system due to dominance of the sympathetic nervous system that is always 'online' producing flight, fight or freeze responses (Fisher, 2009, 2013; Levine, 2008; Ogden, Minton, & Pain, 2006; Ogden, Pain, & Fisher, 2006). The amygdala, already alert for danger, activates the body's arousal mechanisms to respond to perceived threat and ensure short-term survival (Fisher, 2009; Ogden & Minton, 2000).

I worked with Tom from a sensorimotor psychotherapy approach that contends that Tom could attain balance by purposeful activation of the parasympathetic nervous system that is primarily 'online' during times of rest and relaxation. By remembering his 'resources' associated with parasympathetic activation (significant others, places, experiences) he was able to practice

mindfulness, come into the present moment, focus on his internal and external resources and realise that mostly he was no longer in danger (Ogden & Pain, 2014). For Tom to allow himself this break calmed his autonomic nervous system and was the beginning of homeostasis and regulation where adrenaline slowly decreased, his heart rate slowed, breathing became deeper and digestion was activated. The more Tom practised the skill of 'resourcing', the more he could regulate himself when he experienced acute of chronic distress (Fisher, 2009, Ogden, Minton, & Pain, 2006).

Principles of treatment with Tom included regulation of arousal as a prerequisite to deeper work, using mindfulness and psychoeducation to keep the frontal lobes 'online' and identifying and focusing on procedural learning patterns that maintain trauma responses in the body (Fisher, 2013). Grigsby and Stevens (2000, p. 325, cited by Fisher, 2013) state that a therapist should, "Observe, rather than interpret, engage in activities that empathically, but directly disrupt what has been procedurally learned" and then use "experiments...to offer new options" (Fisher, 2009). This gradual healing process began to transform Tom's body and soul of the incapacitating, enduring symptoms of trauma.

Perhaps the most poignant moments were when Tom spoke quietly of the shame surrounding his degradation. Tom cried for the first time since his boyhood. He thought he would never be able to stop. I cried along with him, not just for Tom but also for the weight of suffering and evil that humans are prone to perpetrate on one another.

Tom did eventually stop crying and I bore witness to an amazing transformation. Increasingly, I was touched by glimpses of the man beneath the façade of guardedness and bitterness. Tom began to see the man he could become reflected in my face. Through painful honesty Tom began to connect with me, the only person with whom he had ever made any kind of real human contact. He told me later it was my belief in him that got him through even when he did not believe in himself. He said he was stunned that I did not back away from his perceived ugliness. He said I was "like Jesus with skin on." Now, a therapist could get high for a long time on that!!

In my experiences with people like Tom, I have come to think that true strength is impossible without spiritual awareness. It was spiritual strength that kept me walking through the door each week to do battle with Tom's demons. It was spiritual strength that allowed Tom to become strong in the broken places of his heart. Tom came to the tragic realisation that even though he wielded his intimidating power he was truly powerless to change himself. In a moment of heart-breaking vulnerability and transcendence Tom admitted he was powerless to change himself and placed his life at the feet of God.

Ah...the breath-taking beauty of the broken strong! "The world breaks everyone," Hemingway once wrote, "and afterward many are strong at the broken places" (Hemingway, 1029). The pslamist declares, "God is our refuge and strength, a very present

help in trouble. Therefore we will not fear, even though the earth be removed and though the mountains be carried into the midst of the sea..." (Psalm 46:1-2, NKJV). This is not the half-hearted hope of a reluctant heart or about certainty or having all the answers. Strength in the face of crushing despair exists not in denial or external bravado but emanates from a resonance deep within the spirit where broken places reside. An old Scandinavian saying goes, "Faith is a bird that feels dawn breaking and sings while it is still dark." I want to grow that kind of strength. The Invitation, by Oriah (2006) captures the essence of strength in brokenness in the following excerpt:

It doesn't interest me where or what or with whom you have studied. I want to know what sustains you from the inside when all else falls away. I want to know if you can be alone with yourself, and if you truly like the company you keep in the empty moments.

I have discovered that life is so much bigger, wilder, more mysterious, and more terrifying than I imagined. Yet I have also discovered God is wiser than my dreams, plans and expectations. Life has led me into some unexpected sorrows and blessed me with unexpected joys. I have learned that sorrow and joy can coexist. I am stronger in the broken places. What continues to sustain me on the inside is an unshakable conviction of a good God who loves me. I reach toward greater strength that is rooted in goodness and is stronger than any darkness or evil.

I have not seen Tom for some time now, but I have heard that he is relishing his new found freedom. Last I heard he had reconnected with his children and secured a job driving the homeless and helpless to shelter, tenderly dispensing his hope to a jaded, captive audience. My meningitis has long since healed. The swelling in my head peacefully subsided as I submitted to my body's healing rhythms. The swelling in my soul took considerably longer to diminish. Perhaps my greatest learning was to surrender to trouble's lesson until it yielded its sweetest blessings. That is not to say the suffering was agreeable and I would love to say I will handle it less dramatically when life throws its wildness at me the next time around. I probably will not. I suspect I still have more strength to grow but for now, I continue to remain one of life's broken strong!

Paula Davis. Paula has worked as a senior lecturer and adjunct lecturer in counselling education. She is an experienced trauma counsellor and educator. Her career has included gambling counselling, counselling for Employee Assistance Programs, organisational consultancy, clinical counselling, clinical supervision, and counsellor training. She regularly travels to Africa, Sri Lanka and India to train counsellors and counsel trauma survivors. She is regularly an honorary guest lecturer at Uganda Christian University.

REFERENCES

Alcoholics Anonymous World Services, Inc. (2002). Alcoholics anonymous: The story of how many thousands of men and women have recovered from alcoholism (4th ed.). New York: Alcoholics Anonymous World Services, Inc.

Dunbar, H. F. (1943). Psychosomatic diagnosis. New York: P. B. Hoeber Inc. Dunbar, H. F. (1947). Mind and body: Psychosomatic medicine. New York: Random House.

Fisher, J. (2009). Psychoeducational aids for working with psychological trauma flip chart (8th ed.). MA, USA: Center for Integrative Healing.

Fisher, J. (2013). Healing the body, healing the mind: Sensorimotor psychotherapy in the treatment of complex trauma. PowerPoint slides presented at a conference by STARTTS in Sydney, Australia.

Hemingway, E. (1929). A farewell to arms. In J. Joyce, The Poetry Collection. Buffalo, New York: Scribner.

Hoff, L.A., Hallisey, B., & Hoff, M. (2009). People in crisis: Clinical and diversity perspectives (6th ed.). New York: Routledge.

Kleinman, A. (1988). Social origins of distress and disease: Depression and neurasthenia in modern China. New Haven: Yale University Press.

Kurtz, R. (1990). Body-centered psychotherapy: The Hakomi method: The integrated use of mindfulness, nonviolence, and the body. Mendocino, CA: LifeRhythm.

Levine, P. A. (2008). Healing trauma: A pioneering program for restoring the wisdom of your body. Colorado: USA: Sounds True, Inc.

Levine, P. A. (2010). In an unspoken voice: How the body releases trauma and restores goodness. USA: Random House Inc.

Levine, P. A., & Kline, M. (2006). Trauma through a child's eyes: Awakening the ordinary miracle of healing (1st ed.). Berkeley, CA: North Atlantic Books.

Mollica, R. F. (2006). Healing invisible wounds: Paths to hope and recovery in a violent world (1st ed.). USA: Houghton Mifflin Harcourt.

Nijenhuis, E.R.S., van Dyck, R., Spinhoven, P., Van der Hart, O., Chatrou, M., Vanderlinden, J., & Moene, F. (1999). Somatoform dissociation discriminates between diagnostic categories over and above general psychopathology. Australian and New Zealand Journal of Psychiatry, 33(4), 512-520.

New King James Version. Copyright © 1982 by Thomas Nelson, Inc. Used by permission. All rights reserved.

Nouwen, H. (1979). The wounded healer. New York: Image, Doubleday. Ogden, P., & Minton, K. (2000). Sensorimotor psychotherapy: One method for processing traumatic memory. Traumatology, 6(3), 149-173.

Ogden, P., Minton, K., & Pain, C. (2006). Trauma and the body: A sensorimotor approach to psychotherapy. New York: W.W. Norton & Company, Inc.

Ogden, P., Pain, C., & Fisher, J. (2006). A sensorimotor approach to the treatment of trauma and dissociation. Psychiatric Clinics of North America, 29(1), 263-279. Oriah. (2006). The invitation. USA: HarperOne.

Roberts, A. R. (2002). Assessment, crisis intervention, and trauma treatment: The integrative ACT intervention model. Brief Treatment and Crisis Intervention Journal, 2(1), 1-22.

Ross, C. (2000). The trauma model: A solution to the problem of comorbidity in psychiatry. USA: Manitou Communications.

Rothschild, B. (2000). The body remembers: The psychophysiology of trauma and trauma treatment (1st ed.). New York: W.W. Norton & Co.

Scaer, R. (2007). The body bears the burden: Trauma, dissociation, and disease (2nd ed.). USA: Routledge.

Schiraldi, G.R. (2009). The post-traumatic stress disorder sourcebook: A guide to healing, recovery, and growth (2nd ed.). New York: McGraw Hill.

Schore, A. N. (2003). Affect regulation and the repair of the self. New York: W.W. Norton & Co.

Siegel, D. J. (2006). An interpersonal neurobiology approach to psychotherapy: How awareness, mirror neurons and neural plasticity contribute to the development of well-being. Psychiatric Annals, 36(4), 248-258.

Siegel, D. J. (2010). The mindful therapist: A clinician's guide to mindsight and neural integration. USA: W.W. Norton.

Siegel, D. J. (2012). The developing mind: How relationships and the brain interact to shape who we are (2nd ed.). USA: Guilford Press.

van der Hart, O., Steele, K., & Nijenhuis, E. R. S. (2006). The haunted self: Structural dissociation and the treatment of chronic traumatization. New York NY: W.W. Norton.

van der Kolk, B. A., & Fisler, R. (1995). Dissociation and the fragmentary nature of traumatic memories: Overview and exploratory study. Journal of Traumatic Stress, 8(4), 505-525.

van der Kolk, B. A., McFarlane, A. C., & Weisaeth, L. (Eds.). (1996). [Traumatic stress: The effects of overwhelming experience on mind, body, and society (1st ed.). New York: Guilford Press.

van der Kolk, B. A., Roth, S., Pelcovitz, D., Sunday, S., & Spinazzola, J. (2005). Disorders of extreme stress: The empirical Foundation of a complex adaptation to trauma. Journal of Traumatic Stress, 18(5), 389–399.

van der Kolk, B. A. (2006). Clinical implications of neuroscience research in PTSD. Annals of the New York Academy of Sciences, 10719(1), 277 -293.

Williams, M.B., & Poijula, S. (2002). The PTSD workbook: Simple, effective techniques for overcoming traumatic stress symptoms. Oakland, CA: New Harbinger Publications.

