Intergenerational and Vicarious Trauma
Identifying and Unwinding Its Impact on Clients and Health Care Workers

Presented by Jeffrey Morrison, MA, LMHC
Seattle Counselors Association, April 17th, 2020

"I am reminded of an indigenous belief that we are whole and complete right from the start. We are all capable and responsible for our community and people. We all have jobs to do in helping carry our community forward. We are all connected, and there is a functioning place for everyone. Family and community survival come before the self. In the light of this belief it only makes sense to me that children help in their families and community, to carry emotions that are too great to be held alone. A child’s hands and body may be too small to do much of the physical work; however, a child’s spirit is completely whole right from the start. It is the one place where a child can fully and completely participate in helping to hold the community together in a time of great stress."

Shirley Turcotte, 2008

About Jeffrey Morrison

A Focusing-Oriented Psychotherapist and Focusing Coordinator, Jeffrey practices in Seattle and Vashon Island, Washington. He specializes in working with complex trauma and teaching Focusing-Oriented Therapy (FOT) to therapists and other healing professionals. He has developed a training program, which blends Focusing, mythology, mindfulness and other embodied practices for unwinding trauma and restoring spirit.

He lives on Vashon Island with his wife, who is a teacher. They enjoy time gardening, walking, spending vacations near water, and being with their son and daughter when they are home from college. For more information, please visit Jeffrey's website, at www.morrisontherapy.com
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Vicarious and Intergenerational Trauma: An Introduction

The concept of vicarious trauma was developed in the 1960s from the study of the prolonged effects of Jewish holocaust survivors and their families. The subject remains one of evolving understanding and research from the study of genes, family systems and cultural awareness. The area of study now includes survivors of natural disaster, Japanese internment camps, war, residential schools, and child abuse (Frazier et al., 2009).

The main body of current Vicarious Trauma (VT) research was carried out by Karen Saakvitne and Laurie Anne Perlman in the mid-'90s. Their work is quoted throughout current literature on VT, and is mainly aimed at therapist VT and self-care. A bit later and overlapping this, is current neuroscientific research, which has discovered mirror neurons, a key to understanding how we experience vicarious emotion.

What is Vicarious Trauma?

Vicarious trauma refers to trauma that is held in a person’s body, but that is not derived from their own life experiences. In essence, they are experiencing someone else’s trauma vicariously. Vicarious trauma becomes intergenerational when dissociated fragments of trauma are picked up by the next generation. Research show this can happen emotionally and genetically.

Most emotions that feel overwhelming to our clients have a component of vicarious trauma at their origin. The present pandemic can be traumatic now and be an iteration of past trauma. If we can spot this and follow the body’s knowing back in time, we can more easily help our clients find the memories that need further attention. This presentation will provide an understanding of how trauma gets “picked up and passed down” through families, how this can show up in sessions, and ways to help clients set what is not theirs aside.

Vicarious Trauma in the COVID-19 Pandemic

We are living through unprecedented times. The COVID-19 pandemic has created a global trauma that affects us all. Our lives, those around us and our clients’ lives were moving along and then the shutdown occurred. Our living forward suddenly became blocked. There was a huge concurrent collective embodied trauma response. For me it was a giant contraction in my body and in my living. Everything seemed to stop. After a brief feeling of denial I transitioned into being numb and just trying to keep up with the tsunami of information, news, and meeting with clients through video. I quickly changed an entire weekend workshop in my training program into a webinar.

I am very aware of how my body has felt through all of this. I hear the fear and see the uncomfortable unknowing in my clients and loved ones. I have my own trauma response and I vicariously feel how it is for everyone else. With time and my regular practices of meditation, Focusing, Trauma Releasing Exercises, walking, and supportive relationships, my brain is back online and can relax again. Some things feel more normal, while so much does not.

I have changed this presentation to fit the times. I want to take this opportunity to look at vicarious trauma we are all experiencing now so we can understand both the topic and our experience more fully. Hopefully you will have a better idea of what vicarious trauma is, how to identify it and help yourself or someone else set it down and let it go.
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Vicarious trauma refers to trauma that is held in a person’s body, but that is not derived from their own life experiences. In essence, they are experiencing someone else’s trauma vicariously. Our empathic skills as human beings are so great, it is as if we are actually experiencing what another is going through. This is facilitated in the brain by means of Mirror neurons – we are wired to connect (Goleman, 2006).

Intergeneration trauma refers to vicarious trauma that is “picked up and passed along” through generations. Trauma that was too much for one person may be picked up or taken on by another as a way of helping or co-regulating another. Family survival sometimes depends on sharing the burden of trauma within and over generations.

Focusing-Oriented Therapy (FOT) is an embodied, process-oriented and relational practice derived from research on what makes for successful therapy outcomes. FOT is a way of relating to and reflecting a client’s felt meaning that allows the client to sense for something more about their whole situation. The body is accessed through present moment sensing of emerging somatic experience. This bodily felt, unclear emerging sense of something is referred to as a felt sense. A felt sense of a situation holds the bodies knowing through time and is the source of new and fresh information that leads to steps for change.

Trauma is a place in time. COVID-19 is happening now. Someday you may tell your grandchildren what you went through. Perhaps as you tell your story freshly you will experience something that you were unaware of before. Not just a forgotten detail but the whole way something felt that was too threatening at the time to experience.

In the book The Drama of the Gifted Child, Alice Miller suggests that we often have the most important experiences of childhood for the first time as adults in psychotherapy. Usually, it’s not that we don’t remember the early events in some way, but that we can’t have the feelings about them. The feelings we might have had would have been threatening to the relational bonds that we vitally needed. We may have needed to suppress some feelings and pick up others vicariously to maintain the relational bonds.

Current understandings of the ways in which trauma becomes vicarious

Psychodynamic Theory: Unconscious absorption
Trauma that is implicit, split off or unconscious for a parent can be felt and absorbed by the child. Our bodies are designed to attune and co-regulate with another. Infants and young children help by sponging up unprocessed emotional mood states of adults.

Children are especially susceptible, as their self-other boundaries are not solid, so what they witness may in fact seem to be happening to them directly. Our brain’s mirroring mechanisms start out quite undeveloped and only at about age two do they become more able to differentiate self and other (assuming a normal developmental process).
Gene Gendlin, whose research led to the discovery and development of the Focusing process and Focusing-Oriented Therapy, had the following response to a woman who felt like a Holocaust survivor but wasn’t. “I feel like I’m a Holocaust survivor, but I wasn’t. My parents were. How could I be feeling their trauma? They never talked to me about what they went through.” Gene’s reply to this woman: “They didn’t have to talk about it. You lived with their bodies.”

Biology of Intergenerational Trauma: Epigenetics and Mirror neurons

Epigenetics is an ensemble of mechanisms (food, lifestyle, patterns of social interaction) that tell the genes how to be activated or transcribed. Food or life experiences will change the blood composition. For example, being stressed leads to release of hormones which will release many other proteins. This will lead to change in cells that manipulate epigenetic factors. All of these links or pathways are not completely understood. Some are clear but most of them have not been identified yet. In short, stress can turn on or off genes as well as encode biological markers related to stressful and traumatic experiences. This is passed along to the next generation.

Mirror Neurons

Mirror neurons enable us to enter into the experience of others in remarkable detail. “‘Vicarious’ is not a strong enough word to describe the effect of mirror neurons.” Iacobini, Marco. Mirroring People: The New Science of How We Connect with Others. New York: Farrar, Straus and Giroux, 2008. p. 4

Mirror neurons actually respond to the intention of the people we observe. “Our brains are capable of mirroring the deepest aspects of the minds of others, even at the fine-grained level of a single cell” Iacobini, p. 34. Mirror neurons respond in essentially the same way to auditory input as to visual input.

Mirror neurons operate at the implicit level – they are primarily motor neurons that give us the feeling in our body of grasping, or facial expression that in turn gives us a visceral sense of another’s experience. The process of empathizing “…is not an effortful, deliberate pretense of being in someone else’s shoes. It is an effortless, automatic and unconscious inner mirroring.” Iacobini, p. 120.

“The interactions between self and other (baby smiles, mother smiles too) shape mirror neurons early in life. I would even argue that self and other are blended in mirror neurons… philosophical and ideological individualistic positions especially dominant in our Western culture have made us blind to the fundamentally intersubjective nature of our own brains” Iacobini, p. 152.

One implication for therapists: your empathic skills work best when you are not using your cognitive skills, or being goal-directed. Another possible implication is that cognitive, intellectual bias can be used as a defense against feelings of both self and other.
Mirror Neurons and Vicarious Trauma
Shirley Turcotte describes her most traumatic event as one watching and being watched watching trauma. Taken from *Focusing-Oriented Therapy and Relational Considerations of Unresolved Trauma*.

“It is also important to understand that the witnessing of trauma can be as bad and sometime even worse than being directly hurt. My brother taught me an important lesson about the witnessing of trauma. A sibling and I were forced to witness my brother being tortured in a very horrific way. It was one of the most difficult and painful of my traumatic experiences; much more difficult than having been tortured, myself. When I was being tortured, I could always find a piece of control to get through the experience. I could zone out, or hide deep within myself to get through the experience.

“However, when we witness abuse, it is not happening to our own bodies and it is very difficult to find a way to tolerate what we are seeing. It is often even more difficult to find coping mechanisms. I would much rather it was happening to me, than someone else. At least then I could cope.”

Family Systems
We grow up in families and are influenced by our parents in many ways. In addition to what is written above, we can include communication patterns, identification, enmeshment, re-enactment and over-disclosure.

Human beings are both social animals and individual souls. We cannot escape this dialectic. Perhaps we could say we are relational, communal, and individual at once in interaction with everything! Current neuroscience is beginning to unravel the mysteries of human social connection and relational presence. We are beginning to understand in new ways human experience through time, although stories have been passed down for generations. Trauma seldom happens in isolation. Most of what we as therapists encounter happens in families and other social settings, often with people who have influence over us and we believe are taking care of us.

We are an individual and a carrying of history in and through our body. Our body is in interaction with everything from the start. Our body takes in food grown in the earth and stories told and stories embodied yet unspoken. We are shaped by our parent’s dreams, deeds, and fears. We are shaped by the dreams of our ancestors. We collect and pick up the disowned bits of trauma from those around us. Babies are sponges that mop up the shame, grief, loss, and hopes of past, present, and future generations. This is what I mean by multi-generational trauma.

“I have met many a client who had swallowed their parent’s depression, or rage, or family shame, so that the family could carry on. Many a child has absorbed and shared their mother’s or father’s depression to keep a parent from possible suicide, for the sake of the family.”

Shirley Turcotte: *Focusing-Oriented Therapy and Relational Consideration of Unresolved Trauma*
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An Indigenous, Non-colonized Perspective

Many indigenous people understand carrying trauma is natural, an act of love and sacrifice. There is an acceptance and understanding in this culture that suffering is carried by the community. The idea of vicarious trauma is an old one. Human beings are not seen as separate from each other or the land. Human beings are relational and imbedded in and constituted from relationships with the world, people, language, and landscape. It is a non-colonized understanding of the world.

My trauma teacher, Shirley Turcotte, is of Metis heritage (specific cultural communities in Canada who trace their descent to First Nations and European settlers in the early decades of colonization). As an indigenous woman who was brutalized by her father and found her way back to wholeness, I always want to express my gratitude to her, her teachings and the First Nations community. More could be said than time allows for this presentation but I would like to share the indigenous expression, “all my relations.”

“To say all my relations is to acknowledge the full web of relationships from which a person comes, those they are presently engaged with and have responsibilities to and for, as well as those relationships that may not have come to pass. All my relations acknowledges our relationship to our ancestors, to the ancestral lands of our people, the places in which we have lived, and where we have traveled, to the plants and animals we have consumed and/or commodified, and to the people to whom we are connected, sometimes without ever meeting. Most broadly, this Indigenous worldview includes the universe and all of its interconnectedness.” Pg. 59 chapter 3. AFOT, Turcotte and Schiffer

A felt sense that is not all yours: Intergenerational Collective Felt Senses

“A felt sense can be defined as a bodily experience of interconnected emotion, energy and sensations that are an expression of knowledge of collective experiences through time. This collection of traumatic experiences informs our minds, our bodies, our emotions and our spirits. It is this implicit and ancestral memory knowledge, through the generations, that teaches us when to trust, how to trust and where to move ourselves forward for all life concerned.” Aboriginal Focusing-Oriented Therapy, Turcotte and Schiffer. Chapter 3, pg. 58.

How I Understand and Work with Vicarious and Intergenerational Trauma

Working with the Past Situational Collective Trauma

My client says, “I am very young and I am screaming. I don’t know if this is a memory or what it is. I sense I want attention, but I want people to leave me alone. I want to hide.”

I would call this a collective memory. Implicit memory grabs bits of memory that show us what was happening at that time. She has picked up a lot of emotion from her family. She was the innocent scapegoat.

When a client’s reaction to a situation is out of proportion to the situation, it is often a trauma that they are carrying from a parent, family, or community. Helping a client distinguish between their depression, shame, or anger and that of another family member is very important. They can then let go of what is not theirs.
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Tell-tale signs of Vicarious Trauma (VT) include:

- Emotion that is out of proportion (way too big) to fit the present situation.
- Language that suggests they picked up a fear or belief others have handed down.
- An emotion that is uncharacteristic or puzzling to the client.
- Many different and even conflicting feelings at once.
- The therapist’s own sense that what is being described does not belong to the client.
- Be aware of what might have happened to a person based on religion (perhaps being Jewish), race (black or first nation), war, or famine.
- You can simply ask: “Does that feel like it’s yours? How much of it is yours?”

Client example of working with vicarious trauma

**Julie**

My client is a mature woman with grown children and it is her time in life to step out and develop her own practice. I remember back to when we began working together and her reaction to managing the current situation regarding her mother’s and husband’s health. Her response was to become agitated, dysregulated, panicky, and begin saying, “I don’t know what to do” over and over again. One of the tell-tale signs of vicarious trauma is a reaction to a current situation that seems or feels (to me) out of proportion. I understood that her current situation was troubling but it was not congruent with the well-balanced and very capable person I saw in front of me. The lack of congruence for me was an indication there was something more going on; that “I don’t know what to do” came from a history of past trauma.

I help her find presence and ask about the “I don’t know what to do.” I ask, “Is that whole thing about now? How far back does that feeling-experience go?” She says, “As far back as I can remember. It feels like it has always been there.” Then the memories begin to come. They include anger, rage, physical fighting, and abuse. Her mother is a narcissist and could not tolerate my client being better than her in any way. If my client shined, her mother would undermine her to the point my client did not want to be alive. I came to learn that “I don’t know what to do” was a mild form of panic followed by shutting down and not wanting to exist. In more regulated moments and with a little humor this became known as wanting to pull the covers over her head.

Today this woman has successfully explored the different emotions she picked up as a child growing up in a family that always looked good from the outside but suffered from violent rage that would come out of nowhere. She picked up mom and dad’s anger, chaos, depression, failure, and more. She watched things happen to other family members. Some experiences have no words as she was herself too young at the time to have them.

It is important to track the response to family turmoil. Hypervigilance, panic, “I don’t know what to do,” followed by not wanting to exist. She is someone who took on the family craziness by first trying to be the perfect child and then by soaking up the family drama in her little body. Perhaps what she did saved someone’s life. It almost killed her. But the real work is helping her let it go now. Helping her see that feeling crazy is not her craziness but mom’s. Helping her differentiate between what happened to her and what happened to other family members that is deeply felt in her body. Working with her to find the gift next to the wound.
The process of separating out and setting down what is not yours can take a while, especially when your identity is so interwoven with other people’s disowned parts and your responses to those collective situations. It can feel like you are trying to remove yourself from yourself. Yet with time and good therapy things unwind and can be given their proper burial.

I shared with her what I wrote to see if she was okay with me sharing it in this document. She gave me permission to share the above and added some more to it which follows.

**Julie’s reply: Here are my memories of the starting place:**

In 2016, when I contacted you, I was overwhelmed with trying to support my mother in Florida, and at the same time adapt to the frightening issues with my husband’s health, and the disorienting changes in my responsibilities.

My mother had dementia, lived alone far from me across the country, and would call me frequently with hallucinations, crazy stories, and real troubles, expecting me to sort things out for her and attacking me when I did. I was terrified of her, and I so remember that awful feeling in me of craziness, helplessness, and despair. I must have said, "I don't know what to do," hundreds of times. And I was also aware of a strange feeling in me that, yes, she had dementia now, but I’d experienced this before. I didn't know what to do with all of that.

I remember you asking me how long I had felt those things, the helplessness and panic, the wanting to not live through it, and telling you, "Forever." And I remember you asking me, "Whose craziness is it?"

You had me take a piece of paper and decide how much of it represented my craziness and how much was my mother’s. I started with half, but by the time we were done there was only a sliver that was mine. I remember burning the paper and blowing the ashes into the wind. It felt so good to do that.

I remember, too, how difficult it was later to separate from my Dad’s pain, the Focusing session where my ancestors helped, and how I am still working to find what is me and what is not me in all of that.

The whole thing about my husband’s health was there as well, the need to take responsibility for our making a living, the loss of his support, and the fear I felt.

As we began to touch into the past you asked me what I did as a child to manage that fear I felt then. I remember saying I pulled the covers over my head. You suggested I do that when I felt overwhelmed and dysregulated, to protect that child in me, and (laughing then and now) I did. It gave me the pause I needed to separate from all of it when it got to be too much, and has continued to help me through the process of sorting through the trauma I experienced in my family.

**Ways for you to set down what is vicarious**

**Paper-ripping exercise**

The simplest thing to do is the paper ripping exercise. This can be done in session when you have established that an event or emotion is vicarious. A more detailed description of this process appears starting on page 9.
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Give the client a piece of paper. The paper represents the whole collective situation. Give prompts to your client to sense into the situation and try to delineate what is vicarious and what belongs to them. Using their felt sense, have them rip the paper into theirs and not theirs. Have them look at the two pieces. Ask a second and maybe third time for them to take the piece that is theirs and rip it again (if it feels right). Sometimes it moves aside easily once it is clear it is vicarious. If it does not, ask into the felt sense of it: What does it need for it to move aside?

The second step is to decide what these bits of paper need. It is often helpful to take what is not theirs and place it somewhere. I have had clients bury it, burn it, put it in my compost bin, shred it. It really needs to come from the client. They may not be ready to set it down and so ask about what it does need now. Writing is often helpful. Sometimes clients need time to process and understand more about what happened and how it affected them.

Some other considerations might include:

- Notice how doing this might change/heal the relationship to the person whose trauma was picked up.
- Put the vicarious trauma in context (much like working with regression) to what was then vs. what is happening now. The client may have needed to hold a family members' pain back in childhood, and now are unable to set it down, though it is no longer necessary or purposeful – in fact may weigh them down.
- Work with the understanding of the client about what makes sense for them. Do they need to draw on something from their spiritual or religious practice?
- Sometimes a ritual will emerge from their experience or that you co-create together that would feel right.
- The body will find the right thing to do with what is vicarious. It is unique to each person’s body and the nature of what they’re carrying; sometimes it all dissolves easily once there is awareness, and sometimes one may choose to hold on to it, or a piece of it, for someone, as a gift of compassion. With awareness, there’s choice.
- Discussions of compassion, gratitude, and forgiveness may feel important at this time. Remember that forgiveness is about forgiving oneself and letting go of the traumatic bond with the other.
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Vicarious Trauma Paper-Ripping Exercise: From Shirley Turcotte
Revised and Elaborated by Jeffrey Morrison

(for use with a group or individual)

1. Hand out the blank sheets of paper.

2. Ask the group to check in and find something inside that might be bigger than them, something that may have a vicarious component. “Find an emotional quality, that’s been around you for a while. It could be a piece of shame, depression, anger...a piece of something. It could be something you are curious about or react to or follows you around like a shadow.” For use with a client use the current “too much” situation to work with.

3. Allow participants time to find something and sense into it. Inquire with curiosity taking time to sense, “is this all of mine?”

4. “Notice, as you sit with the felt sense (body sense) of this piece of something that has been following you around for some time, what is that like in your body? Is this familiar?”
   - "When do first remember feeling this something?"
   - "Where were you? Do you have a sense of what was happening there?"
   - "Was there someone else there with you?"

5. The piece of paper you have represents the whole of what you are sitting with. Now take some time to sense what is and is not yours. Allow yourself, from that inside place, to rip the paper so that you have what is yours and what is someone else’s.

   "How much of that belongs to someone else and how much is yours? Take your time; really allow this to come from the felt sense."

6. "Okay, now check again. Is there more there that isn’t yours? Was there a someone else there who’s something you might have taken on as yours?"

   (Perhaps repeat a third time- depending on the group.)

7. "Notice what that is like for you in there to set some of what isn’t yours down and off to the side."

8. "Is there something you would like to do with the pieces that aren’t yours? Is there a somewhere you could place that?"

9. "It is normal and healthy for a child to want to be helpful. It is a helpful and precious family thing to do to want to rescue or fix or take on someone else’s stuff. And it is good and helpful to set that down now."

10. (Allow some time for participants to process this.)

11. "When you are ready, come back into the room taking as much time as you need."

12. (Pair the participants and have them debrief this together, 3 - 4 minutes each.)

13. (Discuss as a large group.)
Vicarious Trauma, Healing and COVID-19: Our Current Dilemma

A friend sent the following in an email: “... in a way we are both in a revolutionary and evolutionary pause as a human community. An escape from the “frantic running from silence” that Rumi writes of in his poem below.

“Quietness”...
Inside this new love, die.
Your way begins on the other side.
Become the sky.
Take an axe to the prison wall.
Escape.
Walk out like someone suddenly born into color.
Do it now.
You are covered with thick cloud.
Slide out the side.
Die,
and be quiet.
Quietness is the surest sign
that you have died.
Your old life was a frantic running
from silence.
The speechless full moon
comes out now.

We are living through an opportunity which can be met or turned away from. We are called by those we work with to hold the space for them—all of them at once. How can we bear the burden? Here are a few of my thoughts.
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Stay connected! Let’s remind ourselves that we are not practicing social distancing. We are practicing physical distancing and social connection.

Mind the gap! Notice the space between. Does every minute need to be filled up? Can we rest into an opening of time and enjoy a cup of tea?

The new fast is slow. Anything worth doing is worth doing slowly with purpose and intention. When we slow down, we can pause and notice how we feel and let the present moment orient us.

Be nourished by nature. Go outside and witness springs unfolding. Go for a walk with a friend. Notice the daffodils and tulips and cherry trees.

Check in not out. It is a wonderful and needed time for inward and embodied practices. Walking, yoga, meditation, Focusing (listening) partnerships, dance, play, art and so much more.

The power of not knowing. COVID-19 presents us with many opportunities to be with uncertainty and not knowing. What if we could accept the truth that most of life is uncertain and be okay with that? Gene Gendlin writes, “...we do not need to have an answer to the client’s stuck places. Sometimes there are real answers. However, usually we have answers because we have not yet understood the problem. When we reach the stage where we have no answer either, then we have really understood. Pg.290 Focusing-Oriented Therapy

When Things Fall Apart is a wonderful book by Pema Chodron. Things are falling apart all the time. It is as natural as the changing of the seasons. Do we not encourage our clients to let go and trust something new will come? I suggest beginning with the last chapter first, The Path is the Goal. What is right in front of you on your path (yes, all the uncomfortable stuff you want to get rid of) is what will teach you what you need to know to move forward in life. Then return to chapter one, Intimacy with Fear.

The Revolutionary Pause

I would say we begin with a cognitive step toward embodiment by pausing the ongoing situation. I do this each time I stop and notice how I am in the moment. I pause and check, “How am I?” I may ask further, “What do I need right now?” To pause not only stops the ongoing situation, it allows a space to form between. The space between is the present moment and offers awareness and freedom to choose freshly.

When I teach The Pause I also teach about space. To pause is to create space between. Sometimes I refer to this as a cushion. The physical body moves because it has lots of space and cushions. In each joint there is space and cushions. Sacks of fluid and squishy stuff allow freedom of movement. Disks allow our spinal cord freedom of movement.

If we do not have space between bones there will be restrictions in movement and pain (a stoppage may form). We need pauses and cushions between activities, or one thing bumps another and we experience dis-stress. I may say, “We need pauses and cushions like a car needs good shock absorbers. If your shocks are worn then each of life’s bumps is felt like a hard knock.”

So I teach people to pause, notice, and ask inside, “How am I?” “What do I need?” When we interrupt the ongoing situation, we slowly shift from left hemisphere processing to the right. I begin to check in with my body. This opens the door to embodiment and also a Focusing space.
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It seems simple and yet how often do you pause? It can be a very short process. A client walks out of my office and I pause, take a deep breath and then welcome my next client. A breath is a pause. Three breaths are better. A minute is like a vacation!

Ground—Sound—Breath

This is perhaps the easiest way to help people find presence. Our right hemisphere is constantly mapping our body inside and out. When we pause and bring attention to our physical body (ground) we are sensing feel, touch, weight, movement, and more. I may say something like, “Wiggle your toes; can you feel your toes? How about your hands? Allow yourself to feel the weight of your body on the furniture.”

Ground, sound, and breath are anchors for presence during meditation. As soon as I notice my habitual mind thinking I gently find a physical sensation to ground me like my bottom on the cushion. I pause on the meditation cushion and find my ground to the earth.

Sound for me is present moment sounds and other senses like light, smell (I like lavender incense) and a feel of space.

Breathing is always in the present moment (try taking a breath 23 breaths from now). You can only take this breath and then the next. I go over this with clients again and again. I let them know this gets them out of their heads and into their bodies. Of course they can go back up there but they can also go back in there and find the present moment.

When you find yourself panicky and shaky or just overwhelmed from the day, pause and notice. The idea that you can make a non-habitual choice is revolutionary to most of us. One thing I say to clients who tend to make poor choices is, “Don’t make things worse (with a habitual response). Pause and notice. Lie on the floor and breathe. Breathing will get you through most anything.

“Focusing is a force for peace because it frees people from being manipulated by external authority, cultural roles, ideologies and the internal oppression of self-attacking and shame. This freeing has to do with an ability to pause the on-going situation and create a space in which a felt sense can form.”

Mary Hendricks-Gendlin: Focusing as a Force for Peace: The Revolutionary Pause
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- A two-year Continuing Education Program for therapists and healing professionals.
- Optional additional study to become certified through the Focusing Institute
- Presented by Jeffrey Morrison, MA, LMHC and Certifying Focusing Coordinator
- All workshops are held on Vashon Island from 9:00 to 4:30 Saturday and Sunday*

Focusing taps into the essence of change
Focusing evolved from research that has influenced much of the somatically oriented, mindfulness-based work being done today. It has its roots in existential and phenomenological philosophy as well as client-centered and relational therapies. It is an experiential body-centered process that restores emotional regulation, promotes present awareness and fosters empathetic relatedness. Focusing is easily combinable with other clinical orientations and healing modalities and is itself a doorway into a grounded sense of spirituality and wellness.

Year One: Focusing-Oriented Therapy (FOT) and Healing
In the first year (5-weekends) training program, you will learn and practice Focusing and how to bring Focusing deeply into your life and clinical practice. You will gain access to the rich inner wisdom that unfolds as you find Presence in your own life, and then how to facilitate a Focusing-Oriented approach to healing with others. Those wanting to continue will need to commit to the next four workshops of the five-workshop series.

Year Two: Advanced Focusing-Oriented Therapy and Complex Trauma
The second year (5 weekends) of the program teaches you how to effectively and safely work with embodied, vicarious, and multi-generational trauma while continuing to deepen your Focusing-Oriented therapy and healing skills. Trauma will be explored through the understanding of neuroscience, philosophy, psychology, mythology, and native spirituality.

Details at www.morrisontherapy.com

“The wound is the place where the light enters you.”

Rumi