



Healing trauma with psychoanalysis and buddhism

Guest: Dr Pilar Jennings

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[00:00:10] Alex Howard

Welcome everyone to this interview where I'm really happy to be talking with Dr Pilar Jennings. Firstly, Pilar, welcome and thank you for joining me.

Dr Pilar Jennings

Thank you, Alex. Happy to be here.

Alex Howard

One of the things that I love about these conferences is getting to come at these topics from lots of different perspectives. And I'm looking forward to, in this interview, Pilar, you bring together a number of different jigsaw pieces through your own experience working with people, which I'm looking forward to getting into.

Just to give people a bit of your background, Dr Pilar Jennings is a psychoanalyst based in New York City with a focus on the clinical applications of Buddhist meditation practice. She has been working with patients and their families in private practice and through The Harlem Family Institute since 2000.

Dr Jennings has been a Buddhist practitioner for the past 40 years and teaches internationally on the intersection of psychodynamic perspectives and spirituality. Dr Jennings, or Pilar, if I may call you that, I'd love to just start with, from a psychoanalyst perspective how do you understand trauma? What's that lens of looking at it?

Dr Pilar Jennings

Trauma, generally speaking, from a psychodynamic or psychoanalytic perspective, is thought to be any experience that overwhelms our consolidated ability to cope with stress, with difficulty. So when you're experiencing something where the stressor is really ratcheted up, intensified, and we don't have the structures to defend ourselves, then we get traumatized.

Alex Howard

And those stresses and those loads can be sometimes very big and obvious, but sometimes they can be much smaller and much more subtle.

[00:02:11] Dr Pilar Jennings

Absolutely. And this is where things get complicated, because sometimes if you go through something that is obviously catastrophic, obviously acutely painful, then we're able to formulate it as a trauma. But lots of people will seek out psychotherapy or psychoanalysis if they've had subtler experiences, especially with family of origin, where they don't feel found. There's a kind of ongoing sense of relational rupture where the way they're being treated is really dissonant. It's not aligned with how the patient is experiencing themselves. And so that can be thought of as a micro trauma where you're getting lost again and again in someone else's misattuned perception of who you are.

Alex Howard

And of course, sometimes the challenges with those micro traumas is that because there isn't that one big dramatic event or series of events that we often don't label them as trauma and therefore often don't get the help and support that we need to work with them.

Dr Pilar Jennings

And again, this is very complicated because some family systems are a little bit more psychologically oriented or they make more room for feelings, and so there's someone in the family who can help a child understand what you're going through with your dad or your mom or your older sibling or your grandparent, whomever is really a central figure, is hard. I mean, they can be a little rough, a little mean. But some family systems just don't have that orientation and so the language isn't even there for a growing child to be able to formulate what they're experiencing.

Alex Howard

And it can sometimes take many years of different perspectives and understanding to make sense of that. One of the things that was crossing my mind is that with the different lenses, we'll come more to some of these in a minute that I know you work with, do you find that there are particular therapeutic modalities or particular ways of working which are best suited for certain forms of trauma? So, for example, microtraumas versus big, major traumas, let's say, do you find that different approaches tend to resonate better with different situations?

Dr Pilar Jennings

In general, I feel strongly about being a humble clinician, and I really appreciate it when other clinicians across modalities are humble about what they can offer so that they're more inclined to work collaboratively, because often more than one form of treatment is needed. But for people who have developmental forwarding, that's one way of understanding microtraumas, often a slower paced, ongoing psychotherapeutic treatment is really helpful. As some of my colleagues like to say, the problems that arise out of relationship need to be worked through in relationship.

And so relationships take time, so to have a therapeutic process with the clinician who's really going to take their time to get to know who the patient authentically is, but also take time to fully understand what they have been through? That might seem subtle, but is quite powerful, it's often very helpful.

[00:06:15] Alex Howard

There's something about using that therapeutic relationship to build safety, to build the container within which people then feel able to open up and uncover those pieces that they've buried as a way to protect themselves.

Dr Pilar Jennings

Absolutely. And we have data now suggesting that, really across modalities, so this includes shorter term treatments that are more common in cognitive behavioral therapy and other modalities, that when there's long-term efficacy from the treatment, it's the result of the relationship between the therapist and the patient more so than the modality itself.

Alex Howard

It's almost like the more difficult the patient finds that therapeutic relationship, it's almost the more potential there is for something to happen. Almost by definition, that they come in and they're not comfortable in that space. It's the sign there's something there to work with.

Dr Pilar Jennings

Yes. And so analysts like Stephen Mitchell and others have written about that experience as the hope and the dread. So people come into treatment hoping that they're going to have a new experience of relationship where they're respected and they're treated with kindness and affection and empathy and respect. But the dread is right there, usually almost on the other side of the hope that they're going to re-experience something painful or even retraumatizing. So the ambivalence that a patient feels is something that a therapist can work with directly.

Alex Howard

Yes. It's often a strong clue, isn't it?

And I know that you also bring a Buddhist perspective into your clinical work. I'd love to hear a bit about that because I think that the marriage of the psychoanalytical approach with the Buddhist approaches is really interesting. So say a bit about how Buddhist spirituality informs and influences your work.

Dr Pilar Jennings

Sure. The way it manifests can differ quite a bit, depending on the treatment, depending on what's happening between me and a particular patient, and even at a particular time in the treatment. But I would say, generally speaking, my spiritual practice has helped me deepen a quality of analytic listening that is really a central part of the analytic process. To listen with presence of mind, to listen with an open heart, to listen with as little judgment as possible. These are all capacities that are encouraged in really any analytic training program, but it's almost assumed that people will naturally have that capacity.

And in Buddha spirituality we have a lot of methodologies to help us cultivate that ability to notice what's arising in our own mind, not split from it, but gently reorient toward a particular object of focus. And to do so again with a lot of spaciousness, a willingness to just keep noticing what arises. So it can be very helpful in terms of how, it's not just me, I have many other Buddhist colleagues who are clinicians, we find ways to listen with that presence of mind.

[00:10:14] Alex Howard

It's like there's a difference between listening and one being listened to is a wholly different experience.

Dr Pilar Jennings

Yeah. Exactly. And many patients come into therapy, consciously or unconsciously, concerned that they're going to be participating in somebody else's endeavor. That the therapist is going to impose on them what needs to happen and when. When someone is accustomed to being both very present but holding their experience lightly, it can convey to a patient that there genuinely is room here for the patient to have their own authentic experience.

Alex Howard

There's also something about bringing that presence that brings a holding, that actually allows something to happen that might not otherwise happen.

Dr Pilar Jennings

Yeah. Absolutely. Because we all dissociate. It's part of what helps us cope. We learn that at times we need to bring the mind elsewhere. So even in very benign situations, we're waiting at the post office, there's a long line, we've got a meeting, we know we're going to be late, it's stressful and so one way we can cope is to start thinking about what we're going to have for dinner, or we bring the mind to a conversation we had with our child or our friend that morning.

But that can become very entrenched. And clinicians also dissociate. We zone out. But if we have a practice where we learn to notice that the mind has been pulled away, we're probably going to have a capacity to bring the mind back and then really convey to the patient, I'm here with you.

Alex Howard

And there's something about that modeling of staying with someone in that difficult place when perhaps their tendency is to leave themselves in that place.

Dr Pilar Jennings

A huge part of trauma is feeling radically alone, a really edgy experience of isolation. So if they're working with a therapist who they experience, just on a visceral level, as being with them in the pain, then it starts to suggest that the pain is not too much to bear. If the other person can stay present with it, then maybe the patient can, too.

Alex Howard

Yes. What in your experience is the role of the body in trauma? Because I think sometimes what can happen is that there can be a strong emphasis on talking therapies but of course, trauma is often held on a physical and cellular level. What's your perspective on that?

[00:13:31] Dr Pilar Jennings

Well, I really appreciate, Alex, that we're living in a time where there are multiple modalities now that directly address the impact of trauma on the body. And analysts have always been aware that the body is, of course, affected when there's trauma. But the so-called "talking cure", as it once was considered, really did not have the methods needed to explore how trauma affects the autonomic nervous system, how it creates physiological forms of defense that get entrenched.

So I feel strongly about talking to patients about other modalities that might include somatic experiencing or polyvagal informed psychotherapy or sensory motor psychotherapy to just help the body have its own healing process, because we are somatic creatures as well as psychological and spiritual. So to leave out the body when dealing, especially with complex trauma, usually means that there are going to be continued symptoms.

Alex Howard

And that can sometimes be challenging work. In a sense one of the ways that people defend against trauma is by going into their mind and disassociating from the body. And so coming back and reconnecting and feeling that can be a hard step.

Dr Pilar Jennings

It's really very difficult for many trauma survivors to reconnect with the body and to risk directly accessing what the body is holding. But trauma therapists who work with the body know it also brings the potential for abiding relief when we start to reset the nervous system, when we help people feel supported while they're accessing an activated state, there's a real opportunity for healing.

Alex Howard

Coming back to the role of spiritual practice, I think one of the things that can often be helpful for people is having those reflections around meaning and purpose in their trauma. And I'm wondering how you see the use of spiritual inquiry or spiritual perspectives of helping one find meaning in experiences that seem to have none?

Dr Pilar Jennings

One of the most painful parts of trauma or any acute pain is the sense that there's no meaning to it, that it just shouldn't have happened. And of course, if someone has been victimized, there's injustice, so I'm not in any way trying to minimize the reality of injustice. But a central part of healing is starting to call meaning from the experience. Again, without any spiritual bypassing, without efforts to minimize the impact of the trauma, but to really just have a look at how it's intercepted with somebody's psyche, what it might have spurred.

The people who tend to become our heroes are often extremely traumatized people. And the reason why they're so inspiring is because they work with the trauma, they won't back down from it, they keep leaning toward it, they keep trying to understand what caused it. And then they stay very curious about how to work it through, not only for themselves but for others who are going through something similar. It's very meaningful. It's very healing.

[00:17:58] Alex Howard

That leaning into often takes a lot of courage when all of our conditioning is to pull away and to escape, to actually have that trust to lean into, what do you find helps people develop that? What are some of the practices or the lessons that help people do that in your experience?

Dr Pilar Jennings

Well, because we're relational we really do need other people to help us with that process. Because most people, in my experience, myself included, will at times, outside of awareness, try to pull away, not only from a traumatic experience in terms of how we're holding it in mind and body, but even just discomfort. Many cultures, I would say most Western cultures, are a little pain phobic and encourage people to distract themselves from discomfort. So we really do need other people who show us the value of leaning toward what's been painful.

Again, these are often spiritual mentors or people who have been through obvious trauma, Mandela and others, who show us that there's real value in staying curious about what causes our pain.

Alex Howard

Because in a sense that there is that instinctive response. Like as a child, we touch something that's hot and we get burnt and we learn to pull away. It's like one almost has to train their system to lean in, obviously not to a burning fire, but metaphorically, to lean into what feels difficult.

Dr Pilar Jennings

We need to trust that we have the capacity to tolerate the discomfort and that it's ultimately going to unburden us if we do. And now we've got a lot of conversation happening, even just about collective traumas and the difficulty that many people have, especially if they're in the oppressive group, of just hearing more, learning more and dealing with the discomfort that gets activated. But if we don't do it, then the conditions that create the trauma keep happening. They remain usually structuralized, so we have to do it for ourselves personally, but we also have to do it for our brothers and sisters.

Alex Howard

Yes, I think that's a really good point. I think just like we tend to shut down or escape from our own trauma in that collective dialogue, when someone says something that feels uncomfortable or perhaps challenges our perspective, it's very easy to either shut them down or to find ourselves withdrawing. And somehow we have to engage in those difficult conversations.

Dr Pilar Jennings

We do, because if we don't do it, and I really appreciate the complexity of staying open to discomfort, we end up split, we end up polarized. And of course, we've seen this in our political terrain in terms of groups, but it also happens internally. So the part that's badly hurt is still there but feeling very ignored, abandoned. The part that wants to defend against lifting to awareness what's happened, gets too powerful, but those parts are really split. And so part of what happens in an analytic process is to just bring these different parts of ourselves into a conscious relationship.

[00:22:03] Alex Howard

I think that's a really interesting point around there are different parts that are in conflict. Maybe you can give a bit of an example of how that might be playing out, or perhaps what those parts in conflict might be and how we might experience that?

Dr Pilar Jennings

Sure. Well, if we circle back to Mitchell's concept of the hope and the dread, that also shows you there are two parts of a new patient. There's the part that is hoping and can imagine some healing, helpful experience of relationship. That's the part that makes the call and says, I'd like to schedule a session. But the part that is anticipating more pain is also there.

And what can happen is unless that's brought to awareness, those parts have different needs that just remain in conflict. And so we find ways to keep hiding the part that is tender and looking for a new healing experience, and reinforcing the defensive or protective part. And that just gets enacted rather than worked through.

Alex Howard

So how does one begin to work with that? Obviously it's a complex process, but what are some of the principles that support that?

Dr Pilar Jennings

Well in a therapeutic process, depending on the therapist's training and perspective and orientation, they would all find ways of helping someone get to know their fullness of being. And so in the relational school we would think of that as a patient's multiplicity. In a union perspective we might think of it as different archetypes, different aspects of one being. In internal family systems you think of it as parts.

So you're basically helping someone make more room for the fullness of who they are and really get to know who are these players who live inside us? What are they needing? What have they been through? What are they worried about? So that there's less fear about any one part coming into view or being exposed.

Alex Howard

Because what can happen is that we end up with the good parts, like the parts that we feel comfortable with, and the bad parts, the parts that we want to disown that end up in our shadow, to put it in one concept. Rebuilding relationship with those disowned parts of ourselves is not always so easy. There's a lot of often shame and judgment that can be in the way of that.

Dr Pilar Jennings

For most people it can feel treacherous to begin to even just get to know, to lift to awareness a part that has elicited shame. And many people, even extremely high functioning people, people who would present as very happy and integrated, will have a part that didn't seem to thrill their primary caregivers.

And often what happens is we learn to try to camouflage those parts, keep them in the recesses of the psyche. And so it can feel very risky again, even just internally to recognize it's true, I have a part

that can get enraged, or I have a part that wants more fulfillment or excitement, whatever it is that got exposed that was not warmly received by our caregivers. And then to begin to bring those parts into relationship with others, it's usually a long process, it does tend to feel risky.

[00:26:33] Alex Howard

But there is a real potential for something else to happen if one goes on that journey and has the courage to do so.

Dr Pilar Jennings

With the risk is also the potential to feel freed, to feel unburdened.

And I would say what I have found clinically is when people embark on this process, initially there's a lot of ambivalence and understandable concern, but ultimately there's more aliveness that's experienced. It's kind of like a party. When people are at the party and they're really connecting and there are people across life experiences, it's very enlivening. The same thing is true internally. When we're really able to form connections with more of who we are, we feel buoyed, we feel enlivened.

Alex Howard

And that's the potential. In a sense, one of the things that happens in trauma is we shut down. And part of what you're describing is the process of waking up and welcoming back in these parts of us that have been shut down.

Dr Pilar Jennings

With trauma there is a necessary shutting down. It's part of how we survive is to tamp down awareness of aspects of the trauma that feel intolerable, and also to camouflage any part that we feel again, consciously or not, is responsible for the trauma. We made it happen. And often there is that semi conscious feeling or belief in trauma survivors. And so it does take some time to really invite in those parts that are feeling a lot of shame.

Alex Howard

For people that have perhaps been suffering for a long time, perhaps their trauma is complex in nature, and maybe they've tried a few things. They've tried some psychotherapy, they've tried some meditation, they tried some different things and they feel that there's so much that's still there. Why is that? What hope is there for them?

Dr Pilar Jennings

It's a good question, Alex, because it can happen that someone is working with a seasoned clinician, doing good work but there are layers to their experience that just don't get worked through.

And that happens for a variety of reasons. Sometimes it's a lack of readiness, because we all have to have the readiness to do that deep dive. And sometimes we're ready to deal with certain parts of our experience but not others. I think that's just human.

It might also be a matter of the dynamics between a particular therapist and a particular patient, where things are not super fraught so there's not a lot of complex transference or dynamics between

the two. And so elements of what the patient is needing to work through just don't come into the work as directly.

[00:30:25]

So I would say, for folks who are in that category, to try again. And to be curious about the different modalities that they might want to utilize. So they might try again with a psychotherapist and/or someone who practices somatic experiencing if they didn't have any body work or any support and helping the body heal, I would encourage people to pursue that as an option. And to not feel deficient because of prior treatment didn't help enough. We are really complex creatures and so sometimes healing is a much longer process than any of us would like. I think it's important to not give up on ourselves and also not give up on the possibility of a future healing experience.

Alex Howard

And as you say, that there's often real wisdom in the things that, quote unquote "don't work". As you say, that's often a clue to a piece that's missing, either in the therapeutic relationship, or a piece that's missing strategically, that there's another approach, for example. And I think it's really helpful for people, as you say, to realize that if they're not progressing where they'd hope, that's not about them, they're not failing, they're not broken beyond healing, they need to almost find the clues, like a Detective, to what is going to take them forward.

Dr Pilar Jennings

That's right. All of the research shows, we now have a lot of science to help us understand how resilient we are, how dynamic the mind and the body is by its nature.

And so often there is understandable fear that if we've been too badly hurt, it's a done deal. And that's the fear of being damaged, it's pretty prevalent. But we are truly plastic creatures. The brain is very dynamic. Every aspect of the body is. Sometimes it's just a matter of finding the right fit with a particular therapist or the modality, as you say, that addresses some part of our experience that just hasn't been cured for before.

Alex Howard

So for people that are watching this that hopefully have some light bulbs going off and perhaps have done some work in the past, where do you tend to start with people? So when someone comes to see you, what's that initial process that you go through and perhaps initial tools that you tend to emphasize for most people?

Dr Pilar Jennings

Well, the analytic process can be quite all consuming and has a very loomy frame. And so I tend to like to start slowly, again, so that people can take their time, both to get to know me, because we have to build trust. When we're bringing our traumas into work with a clinician, we don't know who the clinician is, it's understandably going to stir a lot of anxiety. I like to have a relatively slow pace, and I'm all for really appreciating that a healing process or therapy happens in real time. So I don't want to waste people's time, but nor do I want to rush things, move things along too quickly.

So in an analytic process we would take time to get to know someone's history, who are the key players in their family? Where have they lived? What have their care providers been through that may

have influenced them? Who's in their life now? All of that history is really helpful for me to get to know someone and for my patient to get to know me, to find out, how am I listening to them? What am I asking for? And then pretty quickly to try to orient toward what they're there to work through, to take the so-called presenting problem seriously and have an ear for what's already happened to this person that's getting enacted or is causing pain in their current life experience.

[00:35:38] Alex Howard

And it strikes me as you're describing that, that part of it is you understanding the story, but there's also something about the patient telling the story, which is building that trust and building that relationship.

Dr Pilar Jennings

Yes. And interestingly we do have a neurobiological need to tell our story. It turns out it's not enough to just have our experience. We need somebody to know about it. And even that need alone can cause people some shame. I've heard from many people I've worked with that, surely their exaggerating or what they're describing is clearly not as bad as what someone else has been through or what their parents went through.

So there's often just the conflicting feeling about the need for somebody to know, this is what I survived, and the concern that they shouldn't be needing that experience of being heard. But it turns out we really all do need it, emotionally and biologically.

Alex Howard

Yeah. And sometimes just that being heard alone can be a big part of the transformation.

Dr Pilar Jennings

Yeah. For someone who has really never felt heard, or never felt found, it's a revelation to simply be able to speak the truth and have someone hear them with respect and compassion and curiosity. It's deeply reassuring and revelatory.

Alex Howard

Beautiful. I'm mindful of time but for people that want to find out more about you and your work, what's the best way for them to do that?

Dr Pilar Jennings

Sure, they can find me at my website, www.drpilarjennings.com

I'm happy to hear from your listeners if there's anything that's come up in our conversation they'd like to know more about.

Alex Howard

And I know you've also written a number of books as well, which could be another place for people to find out more.

[00:38:08] Dr Pilar Jennings

Yes. My last book was a memoir about my experience becoming a therapist and also how I brought Buddhism into that experience called, *To Heal a Wounded Heart*. And I also have a book that's a little bit more theoretical, but backed by stories about the relationship between psychotherapy and Buddhism and what it might look like between a therapist and their patient in, *Mixing Minds*.

Alex Howard

Wonderful. Dr Pilar Jennings, thank you so much for your time. I really appreciate it.

Dr Pilar Jennings

You're so welcome. Thank you. Alex.