

The Power of the Human Heart: A Story of Trauma and Recovery and Its Implications for Rehabilitation and Healing

Trisha Meili and Jon Kabat-Zinn, PhD, with an Introduction by Eric Leskowitz, MD

This article has been adapted and edited from a presentation at Spaulding Rehabilitation Hospital in Boston, Massachusetts on May 14, 2001.

Abstract

Ms Trisha Meili revealed her identity as the Central Park Jogger in a presentation at Spaulding Rehabilitation Hospital in Boston in May 2003. Her co-presenter was Dr Jon Kabat-Zinn, whose teachings on mindfulness and meditation had been important in Ms Meili's rehabilitation process. This transcript of that conversation describes the various phases she underwent in her recovery, and documents the role of her self-discovered practice of mindfulness in restoring her emotional and physical functioning. Dr Kabat-Zinn reflects on the deeper meaning of the term "rehabilitation," and demonstrates its natural connections to the practice of meditation. A final question and answer section with audience members (clinicians, brain injury survivors and their families) documents the role of emotional support and inspiration in recovery from devastating injury.

Eric Leskowitz: Today's event is part of the growing tide of interest in novel therapies that in some ways are very new, and in other ways are very ancient. These therapies are known by several names, including alternative medicine, complementary medicine, holistic medicine, integrative medicine; and tonight we will hear another term—participatory medicine. All these different terms encompass a new sense of what medicine can be about. Spaulding Hospital is exploring what its possible role in rehabilitation medicine is. Much like many other hospitals nationwide, the hospital is trying to determine how to make best use of these new insights. We have hosted medical education conferences on complementary and alternative therapies in rehabilitation over the last couple of years, and one of the highlights has always been the keynote address given by one of tonight's speakers.

I have had the pleasure and privilege of knowing Dr Jon Kabat-Zinn for over 20 years. Back in my medical school days at the University of Massachusetts Medical School, he was a cell biology instructor there, and during

lunchtime he would offer a brown bag special for the staff to come to an empty classroom and learn some of the meditation techniques that he had been studying and teaching. In the intervening 20 years, he has managed to build that interest into an institute at the University of Massachusetts Medical Center: The Center for Mindfulness in Medicine, Health Care, and Society. He has also written several best-selling books and appeared on a PBS special, so he has definitely brought about change in the world. His core idea is a simple one: paying attention matters. He maintains that being mindful through all phases of life can bring about profound changes, not only in healthcare and disease states, but also in our enjoyment of life.

Many people have been influenced by his work, including today's other speaker, a woman whose name you probably do not know. Trisha Meili will be telling you about her story, but in some ways you already know it, because the traumatic event that she underwent 12 years ago was so highly publicized that her story, even though she herself remained anonymous, is part of everyone's consciousness. We will be hearing how she has responded to that trauma. Her healing process will have reverbera-

Trisha Meili is the author of the best-selling book, *I Am the Central Park Jogger: A Story of Hope and Possibility*. At the time of this presentation at Spaulding Rehabilitation Hospital, Ms Meili was president of The Bridge Fund of New York Inc. (a nonprofit in New York City); at the time of the attack, she was a vice-president at Salomon Brothers, a Wall Street Investment Bank.

Jon Kabat-Zinn, PhD, is Professor of Medicine emeritus at the University of Massachusetts Medical Center, where he is the founding director of the Stress Reduction Clinic and of the Center for Mindfulness in Medicine, Health Care, and Society. He is an expert in mind-body processes and how they can influence and potentially augment the process of healing. Dr Kabat-Zinn is the author of two best-selling books: *Full Catastrophe Living: Using the Wisdom of Your Body and Mind to Face Stress, Pain, and Illness* and *Wherever You Go, There You Are: Mindfulness Meditation in Everyday Life*. His new book, *Coming to Our Senses: How We Can Heal Ourselves and the World Through Mindfulness* will be published in January, 2005. His work was featured in the PBS television special, *Healing and the Mind*, with Bill Moyers.

tions within ourselves, in the part of each of us that still has that unresolved feeling of despair and sadness from hearing the original, unfinished story.

This is going to be an unusual format because we are going to have two different people speaking. They'll take turns, and Dr Jon Kabat-Zinn will include an experiential piece so that you can understand a bit about what mindfulness is, not just as a concept but also as a felt experience within yourself. There is also going to be an opportunity for dialog between the two of them, followed by an opportunity for questions and answers. It gives me great pleasure to welcome the first speaker, Trisha Meili.

Trisha Meili: I want to thank you all very much for coming out this afternoon and to thank both Jon [Dr Kabat-Zinn] and Rick [Dr Leskowitz] for bringing us all together. A couple of years ago after Jon and I first met, he told me that he had spoken at a rehab hospital. I thought to myself, "Wow," that would really be interesting for someone like me, who had suffered a traumatic brain injury, to speak to rehab clinicians and to former and current patients and family members, to show you that there is hope and possibility; that a horrible situation can turn into something that is really a growing, and in many ways wonderful, experience." So I want to thank Jon for agreeing with such heart to do this with me when I suggested the possibility.

Rick had said, and probably many of you know, that Jon is a strong believer in mindfulness and the power of mindfulness. What I am going to talk about is that when I was at my very worst, my body instinctively took over in a mindful way. I believe that that response was really essential to my healing.

But first I want to tell you about my traumatic brain injury. As Rick mentioned, the experience is an interesting and unusual situation in that the injury was a very public event, yet I have kept my anonymity. I want to preface my comments by saying that the event and its aftermath were truly horrible, but that I have recovered and my life has never been richer. I'd like you to remember that and hold onto it because I was the person whom the media called "The Central Park Jogger." It was 12 years ago, last month actually, when I was living in New York City and went out for a nightly run in Central Park. It was around 9:00 or 9:15 PM when I was attacked, raped, and beaten until I was unconscious. It was four or five hours later, the reports say, when I was found. I was tied and gagged with my clothes and bleeding profusely, and I was brought to an emergency room.

According to hospital reports, I was in a coma for 12 days with an initial Glasgow coma level between four and five. I've come to understand that is pretty low. I lost about 80% of my blood, and my intracranial pressure was in the low 20s. [Ed note: mildly elevated from normal] The hospital reports said that I sustained multiple contu-

sions, multiple left orbital fractures, and severe left facial and mouth lacerations. I was comatose, with CAT scans showing left frontal and right temporal/occipital contusions. I required intubation, and signs of diffuse brain damage were found on an EEG. The results of repeated CAT scans also revealed signs of resolving moderately severe edema. I have been told all this, because I have no memory from about 5:00 PM or so of that evening until 6 weeks later in the hospital.

The New York City acute-care hospital I was in was Metropolitan, and about seven weeks later I was transferred to Gaylord Rehabilitation Hospital in Connecticut. I was told, as I actually don't remember any of this, that I had not been expected to live, and was given last rites. I believe some of the physicians thought that if I did survive, I wouldn't be expected to do even very simple tasks like button my blouse.

Given these conditions, how am I standing up in front of you today? It's just a wonderful feeling to be able to be here, and it's something that I'm very proud of too. But I will speak in more detail about my recovery after Jon speaks to us.

Jon Kabat-Zinn: Thank you, Trisha. Compared to what Trisha's already told and what she will tell you later, in many ways my role up here is practically superfluous. But I will try to create a relatively brief context for some of the thinking that I've been involved in, in terms of the whole dimension of mind-body processes and how they can influence and possibly augment the process of healing, based on 21 years of work at the University of Massachusetts Medical Center's Stress Reduction Clinic. This clinic is based on intensive training in the Buddhist meditative practices known as mindfulness but, as Dr Leskowitz said, it is really basically all about paying attention. That's what meditation is really about. It's the capacity to cultivate the innate ability to pay attention.

Trisha wrote to me a number of years ago, telling me a little of her story. Of course I remembered the episode, as I'm sure most of you do. All of New York City went through a spasm of intense pain at the enormity and wantonness of the attack. For a time, much of our society went through a huge self-inquiry about how children, because the alleged attackers were mostly children, could rain down so much unfeeling violence on another human being. That was just inconceivable. And so the whole country and, indeed, much of the world knew about this event; and additional events kept it in our consciousness for quite some time because the attackers were caught and there was a very public trial.

So when I got a letter from Trisha a number of years ago, saying, "I'm the person that was known as the Central Park Jogger," I took notice. I was touched to learn from her, as she has briefly said, that part of her experi-

ence was developing what she later realized was a deep appreciation for the power of the present moment. At the time that this appreciation emerged, it just was what it was, and I won't go into it any further because this is her story, and it's for her to tell. But later she went through some training in mindfulness with one of the people who had trained with us, and Trisha found that it was consistent with what she had been going through—instinctively, as she said—and the training deepened the process.

Today, in terms of a context, I just want to share with you a few thoughts that I've had over the past number of years, in part triggered by the kind invitations from Dr Leskowitz to give the keynote address at the Harvard/Spaulding conferences on complementary and alternative practices in rehabilitation medicine.

We work a lot with people with chronic pain at the medical center, but we also work with people with a vast range of different kinds of medical disorders—everything you can imagine, because it's a stress-reduction clinic, and everybody has stress in their lives. It is easy to get into a stress reduction clinic. All you need to do is be human and be willing to do a certain kind of work—two kinds of work actually. In rehabilitation, there's a kind of interior work that needs to happen, and also an exterior work. Ideally both happen together, and that's when the most profound healing can take place. This double-focus is expressed in the word, "rehabilitation," itself. In thinking about what I was going to say at the rehab conferences, I began by looking up the root meaning of rehabilitation because I find that we can learn a lot by thinking about the actual meaning of the words that describe our work. Very often we don't know those meanings. For instance, I like to ask the medical students whether they know the root meaning of the word "medicine." As soon as I ask, you see that the word sounds an awful lot like the word meditation, doesn't it? Medicine and meditation. To some, teaching meditation in the Medical Center might be seen as putting medicine back several hundred years, into the Stone Age or whatever: anti-scientific and everything else. But if you look deeply into the origin of the words themselves, you find out that they are profoundly linked. The link is the Latin word "mederi," to cure, but the deep Indo-European root means "to measure." Not measure as in hold up a ruler and measure things—how long they are or what the volume is—but measure in the more Platonic sense that everything has its own right inward measure—who you actually are when you are most yourself. And so, in this sense, medicine is the restoring of right inward measure—through prescribing medicines, through surgery, through therapies of all kinds—when this inward balance is disturbed in some way or other. And meditation would be the direct looking into, the direct perception of right inward measure; because that's your nature, that's who you are, that's what wholeness actually is—

right inward measure. It would include your biology, your homeostatic processes, and so forth. So meditation and medicine are not all that far apart.

Now, what about rehabilitation? It turns out that when we think of the word, rehabilitation, we all know that in the most common way in which it is used, it means to re-enable, to get ourselves together so that we can do again what for a time we have been unable to do. And that, of course, is an important meaning. But the word also has within it a root that sounds a lot like "habitation" and "habit" and "habitat," from the French, "habiter," which means "to inhabit," to dwell inside. So rehabilitation also has this other meaning, which is to learn to live inside again. And that is where the interiority comes in—the interiority of experience, to actually learn to live inside again.

The deeper, Indo-European, root is "ghabe," which means giving and receiving. So what does rehabilitation have to do with giving and receiving, and what does this have to do with dwelling inside, with inhabiting? Imagine you are inhabiting a new house or a new apartment. Don't you have to let the energy of the house speak to you for a while before you actually feel at home? The Chinese have turned this into a kind of science—Feng Shui—where you understand the positioning of things in relationship to each other and the terrain as a whole. For instance, take the new Leonard Zakim Bridge that's being built right next to this hospital. To create that bridge, a lot of designers went through a kind of meditative process about beauty, structural integrity, traffic volume, etc. You may agree or disagree with their choices, but there was a certain kind of living inside the concept, the potential forms that it could take within the location it would occupy. And in the process, the concept speaks back, the designers listen and return to it, and in that way, over and over again, there's a kind of giving and receiving—there's an exchange; and out of that, some creative process happens and we have this, to my mind, strikingly beautiful bridge.

Similarly, when you put on a new suit, you have to break it in. A pair of shoes—you have to break them in. In a certain way, you're sensing the feelings through inhabiting the item of clothing or the apartment or the house, and then you're giving something back to the feelings that come to you, modifying them, deciding say, "No, we'll put the table here or the chairs there or the couch there," instead of just randomly placing the furniture because random doesn't look too nice, and it doesn't reflect harmony. So there's a sense in which we become sensitive to the interior process that goes on in our bodies when we are in need of rehabilitation, when we need to come back from an injury, as Trisha certainly did, from this injury that many people thought she would not be able to recover from. Many of you here tonight know this

intimately because you are going through such a process of rehabilitation yourself, or have gone through it at some point in the past.

The fact of the matter is that all of us regularly need to learn to live inside again to one degree or another because things are constantly changing, our bodies are aging, and as a consequence, our bodies and our minds are going through all sorts of changes. Learning to live inside again and to deal with how things are becomes something of a lifetime's adventure, but you have to be open to it. You have to be sensitive in working up to your limits and then listening very, very carefully. Letting the give and the take happen to you through your body and your mind until you feel the next level emerge.

Now externally, clinicians, all of the people who are rehabilitation specialists, can create an outer environment that makes this possible. Whether this outer work is weight-lifting or learning to walk again; or learning to talk again, whether it's physical therapy or occupational therapy, it is a re-claiming of the body and seeing what it can do and learning how to live inside again in new situations. And the external environment plays a large role in the process because you need a huge amount of love, care, attention, direction, understanding, and empathy because we're so vulnerable when we've been injured. And when we've been injured, to a large extent we may not feel we can trust the body any longer because we don't know it anymore. And we may feel we can't even trust our own mind because, in a sense, we don't know it anymore either.

Achieving or reclaiming such trust is one profound potential value and outcome of many mind-body practices. Yoga is an example. Yoga is a lot like physical therapy done with hyper-awareness, the hypersensitivity of giving and receiving, so that when you do a stretch or, for that matter, a Tai Chi or Qi Gong movement of some kind or another, your mind is in your body. You can tell when it's time to stay here and not try to force anything more, and then the giving and receiving happens, and you slowly grow over days, weeks, months and years. The process requires patience. It requires perseverance. It requires love, and when all is said and done, this work ultimately is, I think, an intense form of love. That's how we give to ourselves and that's how we receive from others who care about us, who are dedicated to helping us to grow and to heal.

We've done a number of studies at the University of Massachusetts Medical Center that show that the mind can influence the rate of healing in situations where that was not known before. A lot of people wave their hands and say, "Of course, attitude is very important to healing" or "Meditation might be important to healing." The Bill Moyers PBS special that Dr Leskowitz referred to was actually called "Healing and the Mind." And there are a lot of different strands of evidence. One randomized study we did—a small one, but we did it twice and found the

same result—had to do with showing that when you teach people with psoriasis to meditate while they're receiving ultraviolet light therapy for their psoriasis (which is not a cure but helps clear the skin), they healed approximately four times as fast, on average, than people who were just getting the light treatment by itself. That's an example of what we call integrative medicine because we are integrating the mind-body therapy right into actual allopathic medical therapy—the light itself.

In another randomized trial, we've also shown that the brains of people who go through our 8-week outpatient training program in mindfulness-based stress reduction (MBSR) change in a positive direction. The people who went through the program showed much stronger activation in the left prefrontal cortex when under stress than did a control group. The left prefrontal cortical area is one of the parts of the brain that's involved in the regulation of intense emotion under stress. You can think of it as one of the emotional intelligence centers of the brain. The people who learned meditation showed a dramatic shift from a right-sided activation (usually associated with anxiety and depression) to a left-sided activation (usually associated with a sense of well-being, happiness, and enthusiasm). They were able to deal with complex emotions under stress much more effectively than the people who were in the control group.

We also gave the two groups a flu vaccine after the program was over, and then measured antibody levels against the flu vaccine in the following weeks. The meditators showed a significantly stronger antibody response than the non-meditators. What is more, the degree of brain change correlated with the degree of immune change. So we're beginning to uncover lines of evidence suggesting that the mind can, in fact, influence healing in human beings. And while the science of this is in its infancy, the potential clinical value of the fact itself is huge. I might add that such training is also relatively inexpensive, and therefore has profound implications for cost savings in medicine.

In terms of the opportunity to talk with Trisha and to learn from Trisha about her experience, what moved me so much was the sense that she actually learned how to live inside again by becoming exquisitely sensitive to what the body was asking for. This is, in some way, an art form that we can all make use of. But in the case of the kind of injury that she sustained and the trauma that she underwent, I find it unbelievably inspiring to even simply meet a human being who has taken on a challenge like that. In the stress-reduction clinic we see literally thousands of people. Every one of them is carrying some kind of large burden, in addition to the burden of being human. We have traumas of all sorts in our lives—emotional trauma, physical trauma, disease, cancers of different kinds, losses, and so on. The beauty we see in the clinic is the act of

people moving toward, rather than recoiling from, developing the interior gesture of give and take. There's a kind of reciprocity in the process, a component of participating in our own healing, as opposed to having an auto mechanic's view—where you just drive the body into the hospital and someone else does the repair work to you, or for you. From our perspective, the medicine of the 21st century (and I think Trisha embodies this beautifully) will be a much more participatory medicine. When we consider the interiority of human beings—the full capacity of our own inward being, the capacity to learn to listen and learn and grow and sense, and thereby feel and heal and then grow again—that is something that is a lifetime's work to refine and develop and grow into. You don't need to have been attacked in Central Park to benefit from it. I think all of us could benefit from that kind of sensitivity and learning to live inside again.

We thought that maybe you would like to have a little taste of the meditation practice, a little experiential dimension for a few minutes. What I'll do won't be prolonged, but will give you a sense that this is not an abstraction. I'm going to ring some bells just for the fun of it so that you can follow the sound of the bells into the feeling of your own breathing, because breath is often spoken of as the bridge between mind and body. If you get excited, of course your breathing changes. In really emotional states, breathing changes. When you're really feeling calm, it gets very slow and deep.

[Rings bells slowly three times, letting the sound reverberate....] So let's listen to the bells.... If you like, you can close your eyes and see if you can listen with your whole being.... It's almost as if the sound is bathing the body.... And the sound of the bells and the sounds of the building and the flowing of the breath merge into one.... And just for fun, you might allow your attention to drop onto the breath in a very gentle way, as a leaf might flutter down onto the surface of a pond.... And ride on the waves of your own breathing as it flows in, and as it flows out....

So that, in a very real way, we give ourselves over to the breath... this incredible flowing energy that we take so much for granted... and that is absolutely critical to our ongoing ease. Not in general... but *this* breath... and just seeing if you can sense the breath so that you are not thinking about it so much as feeling the breath at the nostrils... or the movement of the belly in conjunction with the breath... and allowing yourself to just drop into the rising and falling of your own breath... so that there is a sense of giving yourself over completely to this moment just the way it is without any struggle... without any need for it to be different.... A sense of yourself as whole... as complete in this moment.... And then seeing if you can't expand the field of your awareness around your breathing until it includes a sense of your body as a whole... "wholeness" being the root meaning of the word, "health" and the

word "healing"... the body as a whole... complete as it is... breathing almost as if you can feel the envelope of your skin breathing... which it does... and you can feel the breath flowing freely throughout the body... nourishing every nook and cranny of your body... all the way down to your toes... all the way to the top of your head... all the way out of your fingertips.... A sense of the body as a whole... just sitting here... giving... receiving... a sense of inhabiting your own body... your consciousness... your awareness... fully embodied right here in this moment... with things just the way they are... and a willingness to simply be with things just as they are.... Not forcing... not trying to change anything... not fixing anything... but just for this moment to be with things just as they are... to be fully awake... fully present and fully in your body... as the breath comes in and as the breath comes out... moment by moment... [stretch of silence]....

This quality of bringing our attention into the present moment and keeping it and sustaining it in the present moment and not judging anything or trying to force anything or fix anything or reject anything, that's what mindfulness is about. And I would submit that ultimately it lies at the heart of this learning to live inside. It lies at the heart of discovering our limits, and working with them at our growing edges; and the adventure of being alive and continually coming home to ourselves and seeing what is possible, and honoring both the possibilities and the actuality of this moment, even if it feels somewhat limited. Just opening to accepting things inwardly and outwardly in this moment, just as they are. [stretch of silence]....

In a moment I'll ring the bells again. See if you can just sustain the sense of being in the body with full awareness... awareness filling the body... and completely in touch with the breath, moment by moment. Whenever you care to, you can just allow your eyes to open... and see if you can't maintain that continuity of awareness, even as you open your eyes. You're still going to be breathing for the rest of the talk. See if you can be in touch with your breath flowing in and out from moment to moment as you listen to Trisha. [Bells ring three times].

TM: Thanks, Jon. I know I am more relaxed and calm after that exercise. When I was going through my recovery, I didn't have the wonderful opportunity to experience something like that, but I'll tell you what happened in another way—very naturally and instinctively. My body reacted in a mindful way, and I believe that through my recovery the human heart played a huge role. It's not just my human heart; it's the heart of everyone, of all the people who supported me in some way, people just like you. They weren't only clinicians, but also family members, other patients, and friends. Another belief that I hold very strongly is that we all have a resource deep within ourselves to heal. Clinicians, in particular, but also friends and family can

mindfully create an environment that helps to unleash this power that we all have. That, to me, is what is so exciting about the profession of rehabilitation. You are surrounded all the time, everyday, by the possibilities of what people can come to do for themselves, and that is something that is so amazing. From my experience, rehabilitation is a process of small changes, and this process is so enriching to experience that I imagine it must also be enriching to be on the other side as a rehabilitation therapist.

To go back to what I have told you about my condition, I was in pretty bad shape. So how was I able, in Jon's words, to learn to live inside again? While it's not an easy process and, as I said, I didn't have the gift of someone doing mindfulness exercises with me, in my case it happened naturally. Before the attack, I wasn't consciously aware of mindfulness. I was an avid runner and I had been a ballet dancer in my earlier days, so I was very aware of movement and the body. But I did not see this as mindfulness. And during my recovery, when there was so much to do and improvement happened every day, I didn't consciously observe what was going on. I can't explain how I began to live inside. I don't understand it. Somehow, without thinking about what I was doing, "my body took over" is the way I put it.

I learned that rehabilitation was not an easy process. When you go through a traumatic injury, you have to learn to live in a new body—mentally, physically, and emotionally. Your body is different than it used to be, not necessarily worse, although that is often the assumption that is made. For me, part of the task is learning to accept what is now different, and that's not easy.

An example of being aware of a difference in my cognitive abilities occurred in the acute care hospital. I was there for about seven weeks, but I don't remember six weeks of it. I'm from a non-medical background. I was a business major and went to business school. My interpretation of what was going on then was that my body said to me, "I've got an awful lot of healing to do and remembering this event is not crucial to other things that I've got to take care of, so we're turning off the memory for right now." You might think, "Ok, well I don't really remember what happened when I was two years old or before that, so that's another example of this lack of memory phenomenon." However, it's not quite the same. To not have any memory of a portion of your adult life when you were having some level of conversations (after a coma) is a little bit disconcerting.

Anyway, during that last week I do remember that I had a neuropsych exam. At the time, I didn't know that that was what it was, even though it was probably the third time that the neuropsychologist had come around. (I also remember hearing from my family that I was being tested all the time.) I was being asked several questions by the neuropsychologist, and I really don't remember much

of it. I do remember that she said to me, "I want you to draw the face of a clock." So I drew a circle, and because my coordination wasn't great, I thought to myself, "Ok, this isn't too bad." As I drew the numbers, I thought, "Okay, I'm going to do this well, so I'm going to draw 12 on the top and 6 on the bottom, and then 3 on one side and 9 on the other side to space them as properly as I can." After getting all the numbers, I felt pretty proud of myself. Then she said to me, "Okay, now draw 2 o'clock." I couldn't remember if the big hand goes to the 2 or to the 12. It was this feeling of such embarrassment, like "Oh my gosh, I can't remember this." In my mind I thought, "Okay, I can't admit that I don't know this." So I think to myself, "I'll just draw the hands the same length. Maybe she won't notice." And that's what I did. Then, over a year and a half later, I had a meeting with this neuropsychologist. She gave me a copy of her report, and in the piece on the clock exercise, it said something like "had difficulty determining which hand went in which direction." Oh well, I didn't fool her!

That was one of the first examples of seeing that there was something I was having difficulty with cognitively. Physically, the difficulties were obvious to me all along, something I could see. I was in a wheelchair. I couldn't walk. I could hardly stand up. But I wasn't aware of any cognitive difficulty until this test. With my body functioning in the present, as it seemed to be doing on its own, I just looked at the reality that was mine. What I experienced was something like, "Okay, well here I am, and I can't tell time, and I've got to do something about it." I didn't worry about it. Intuitively, I knew I would learn. This is something that I can tell you. I can't understand why it works like this but it did, which is why I really believe in mindfulness; it happened naturally.

Another example of living in the present and accepting my reality was that I didn't think about what had happened to me. I didn't think, "Why am I lying in the hospital," which at the time I did not know. I wasn't told for a while because the prosecution wanted to find out if I remembered anything on my own. They requested that my family and all visitors "not say anything so they could hear from me if I could remember anything" so no one would say anything, until at some point, when the question came to me, I started to ask, "Why am I here? What's going on?" Then I was told of the attack. Hearing about it wasn't as dramatic for me as I think people in my family thought it was going to be, which makes me wonder how much I already knew?

I wasn't thinking, "Why did I go out running that night?" A friend of mine had called me earlier in the afternoon, about 5 o'clock to go to dinner, and that phone call was the last thing I remember. I had said to my friend, "You know what, I can't go. I've got some work to do." In the hospital, I didn't think, "Why didn't I go to dinner?"

or "Why didn't I go to run 10 minutes earlier or 20 minutes later so that this wouldn't have happened?" I didn't think such things, and was told by several nurses that early on I never said anything like, "Why did this happen to me; why didn't I do something different?" What I did seem to be thinking without knowing is, "Here it is—this is my situation." I'll try to make the most of this reality that's mine, and "I've got a lot of work to do."

Another example of being in the present is when I was transferred by ambulance from Metropolitan Hospital to Gaylord. I was going to be on my back, and one of my brothers was going to come along. Was I worried about going to this rehab hospital, this new place with all the new people there? Was it going to be difficult for me to adjust? No, I was worried about whether being on my back and bumped around in the ambulance was going to make me sick to my stomach. On the trip, my brother was making jokes and conversation with the physician who was riding along with us, trying to make light of things. I wasn't paying attention. I was just right there, in that moment, and worrying about being sick.

When I was at Gaylord, I knew that there was a lot of media attention about me, but I was protected from it to some degree because the hospital was a barrier, and they wouldn't let anyone get to me. I would watch the news at night and sometimes see something about me, which led to another area in which I had to learn to live inside. On the news, I would hear medical professionals or physicians of head-injury patients talking hypothetically—they weren't my physicians—about what a "typical" (and we all know, none of us are typical) head-injured patient might be going through, or would be able to do, or wouldn't be able to do. I would read the same information in the paper. They said that I would have short-term memory problems, and then I'd see some of these problems manifested in me. I'd hear what everybody expected me to be, and to myself I said, "No, I'm not sure what I'm going to be like, but I'm going to be me." To be honest, it's a hard thing to deal with other people's expectations of someone who survives a head injury, or someone who has been raped. That is part of the learning to live inside that I had to begin to accept.

Another example of realizing I had to accept the reality of my situation is when a friend of mine gave me a couple of books, casual reading, about probably two weeks after I came to Gaylord. One of the effects I suffered from was diplopia, or double vision (it's gotten better since). Reading created even more of a problem because the lines wouldn't go straight. So I took one of the shorter books that she had given me, and tried to read it. By the time I turned the page, I was in trouble. "What's going on?" I thought. "They're mentioning a name and wait a minute—what's the story here? What did I just read?" So I'd go back, and I would get lost again as soon as I turned

the page. I have to admit that it was a little scary.

These are all examples of learning that yes, something is wrong—one side of living in the moment—but at the same time not asking why I did this or worrying about the future. I somehow wasn't terribly worried about what I was going to do in six months, where I was going to be. I just had this feeling that I was going to be okay. I wasn't quite sure what that meant. But I just had this calmness, this sense that it's going to be alright. I should mention, though, that I worked at Salomon Brothers, an investment firm on Wall Street, and the company had been extremely supportive of me, which meant an awful lot. People at Salomon said to my father, "Don't worry, she's coming back. She has a job." When my father told me that, I asked if he got that in writing. I didn't have to worry about a job. I thought, "I've got a place to go even if I'm not quite sure what I'm going to be doing," which gave me some degree of confidence.

One other point that I want to emphasize to the clinicians and family members here is that, with your own life force, you can help to create an environment that helps people heal. I can't tell you exactly how to do this. There is not a recipe. It's part of the art of what you as clinicians or family members or people supporting someone with a head injury do. The art is figuring out, with each individual, how to motivate that one person to keep pushing, pushing to the edges. Motivating that one person to go that far, but at the same time not going too far so that the person feels, "Oh God, I can't do anything." Knowing that point is not easy. I just remember that a number of strong bonds were made with my caregivers. They kept pushing me even when—the word that Jon uses is "vulnerability"—I was at my most vulnerable. Here I was, a person well on her way to a strong future, a well-educated person. Yet, I couldn't remember a page that I had just read, and was having a lot of problems walking with balance and such.

You, the patient, have got to establish some degree of trust with the person who is right there with you when you are at your most vulnerable. And it can be embarrassing. I remember talking with my physical therapist at Gaylord, and I'd say, "Sorry, I can't do that" or "What if I make a mistake?" And that was hard. I didn't remember the physical therapist who I had at Metropolitan Hospital because that was very early on, and he came while I was still in my bed. Some member of my family was always there with me as this stranger was moving my arms and legs. Here he was doing this for me, although I have no memory of it. Yet later, when I was back in New York City, I got in touch with him again and continued to do physical therapy with him, so there's this level of trust I have with him. There is a similar level of trust with my physical therapist at Gaylord, and with my occupational therapist and speech therapist.

As I said, learning to live inside again is not an easy process. It takes a tremendous amount of patience, and can sometimes be very frustrating too. It's a slow process, but for me each level of improvement that I have sought, no matter how small, was motivation to keep going ahead. I remember thinking when I was at Gaylord, "If the rest of my life were like this, where everything that I tried got better, that would be great!" It doesn't always work that way, though, and now the improvements are not as great. I remember being told that six months to a year after the injury, I wouldn't see too much change, that I would level off. That wasn't true. I still see improvement. It's not that extensive, but the improvements are just as important and just as strong a motivating factor for me. The improvements that I see make me realize what a wonderful thing my body is and what it has done for me, and it is something I appreciate so very much.

None of us, injured or not, are the same as we were even yesterday. Because of what I saw happen to me naturally, I am a strong believer in working in the present and making whatever reality you have as positive and productive and healthy as it can be. It works. And I'd just like each of you here to remember that you all are part of that healing process. I encourage you all to use your heart to engage in that healing process. On behalf of former and current and future patients, I enthusiastically thank you for what each one of you does. Thank you.

JK-Z: Trisha is too modest to say it, but after she sustained this injury, she was first in bed in a coma, then in a wheelchair, then she had to learn how to walk, and then came back and ran marathons within what, five years?

TM: It was only one.

JK-Z: It was only one. Excuse me. Let's just let that settle for a moment.... "How do you get from one situation to the other?" And I think what I hear you saying, Trisha, is, "You get there step by step." You have to watch out that the mind doesn't fall into the kind of negativity that's often so much a part and parcel of memory, like "Why did this happen to me?" and feeling totally victimized and caught up in the past. While the negativity may have some validity, it is not going to help you any with the healing. Worrying constantly about the future, and how it's going to work out, is another huge energy drain. What I hear you saying is that, for whatever reasons, your body took over and said, "Only the present moment—no future, no past. Just be with what is right now." In some way, that carried you through, until you gradually got back to a place where you could regulate this effort in a more conscious way. You're continuing to learn and grow, and while you say that the changes are smaller, those tiny changes—everybody in rehab knows this—are really profound. The slightest little change gives you a sense

that something's possible that you didn't think was possible.

And so this is, I think, a hugely important part of the giving and receiving: both the interior side (the part of you, the patient, doing the inner work) and the exterior side (the work of the support team—family and professionals—creating that kind of environment of encouragement, which means heartening) to make it possible for the person to really work the edge as profoundly as possible.

I think at this point, unless Trisha has any other comments that she'd like to make, we should open it up to questions from the audience because I'm sure that her story has generated a lot of questions.

Q: At what point was it that you made this association between your experience and mindfulness, and associated it with Dr. Kabat-Zinn?

A [TM]: I don't have an exact date, but after I was out of Gaylord and back working again, I continued to see changes happen and progress happen. I just thought, "Gosh, something else is going on here that I don't understand." I did some reading, including Bernie Siegel's book, *Love, Medicine and Miracles*, and looked at the complementary approaches to medicine. Not many years ago, I thought I should take a yoga class because it might help with my balance issues. A friend told me, "There's this woman who is very good and will be teaching at the YMCA." So I signed up for the class. It turns out that she was an intern in Jon's program, and the yoga class was the 8-week Mindfulness-Based Stress Reduction Program. The whole program just made a lot of sense. Then I think I read some of Jon's work and heard him speak. It just clicked. I realized that mindfulness played an important role in my rehabilitation process.

Q [Edited version of lengthy question]: My wife had a brain tumor, and I was always wondering what would she think mentally, and what could she do physically. Those were two separate aspects of her that kept changing.

A [JK-Z]: I think your observation is a good one—that everybody's different from everybody else, and that everyone is also different from moment to moment in that we are continually changing. So when someone sustains an injury or is diagnosed with a brain tumor, as was the case with your wife, in the beginning, the doctors may not know what the effect has been on the interior landscape. Different amounts of damage or areas of damage are going to manifest in different ways. One individual may not have any sense that there may be something different or disturbed about either his or her cognitive or emotional processes. So that person might not have a sense right away of where to work, in which case he or she may need a lot of assistance from the outside. In your case, Trisha, I

think it is symptomatic of your good fortune that you knew at a certain point that you wanted to be "you" again. And you're right; I think that very feeling is symptomatic that you were already coming back. Does that make any sense to you?

[TM]: Yes, that was just where I was, with my mind thinking like that, and able to think like that. I also think that exercising and running during my rehabilitation helped me physically regain a part of who I was. I was led to start running probably three or four weeks after I started to walk again at Gaylord. The head of the Physical Therapy Department said to me, "You know, on Saturday mornings we have a group that gets together and runs." I thought, I'm willing to try it, even though I hadn't been walking all that long. The ability to do something that I had done before meant so much to me when I ran the quarter-mile track that they had around a parking lot. That day there were a couple of people who were on crutches, and everyone was not in great shape, and that inspired me too. I thought, "Well, I'm not alone." So I started to go around and was getting to the end of the course. I was with the physical therapist and there was this hill, which to me seemed like Mt. McKinley. Of course, it was barely a bump, but it seemed pretty steep at that point. The therapist just grabbed onto me because he knew that this would be difficult for me with my balance problems. So we got up to the top, and it just felt so good, because even though in no way was I running like before, I had a sense of, "Okay, I am getting something back." Something had been taken away from me, and I was getting something back, though not the same and not doing it in the same way, but that was okay. It was like a reclaiming of something that I had had.

Q: You talked eloquently about the power of staying in the present. And this is a comment more than a question because I don't know who has the answer to it, but one of the frustrations that I think we clinicians face is that we're constantly pressured to think about the future: long-term goals, length of stay, what's going to happen in three weeks, and so on. It's very hard for us to stay focused within the moment. What recommendations do you have for those of us who are clinicians being pulled in those directions; how can we stay focused in the moment with our patients?

A [JK-Z]: (sighs) First of all, let's just bow to the question, and acknowledge that there is a huge amount of pain behind it, just as there's a huge amount of pain in medicine these days. In a way, the system is preventing us all from practicing the medicine that we most want to practice, that we know intuitively is most needed. So just giving voice to it, naming the problem, is itself huge. Then, you can recognize that there may be a connection between how much the system is continually pulling for outcomes and for the

future, which is important, and the way that such a pulling potentially inhibits what most needs to happen for a good outcome. That's a big irony. In fact, you could say it's a travesty. I think medicine is going through its own spasms at the moment, trying to redefine itself in such a way that it is not a business or an assembly line or some kind of gross commercial product producer, and instead is grounded in Hippocratic principles and in what is deepest and best and most beautiful about the art and science of medicine. Of course, you knew that there is no answer to your question, but there is an affirmation in your question. Your mere ability to articulate it affirms that it's always possible for every single one of us, whether we are a patient, whether we are a family member, or whether we are a healthcare provider, to ground ourselves more in our own lives, in our own time, which is always now—it's the only time in which we are actually alive.

That is what I meant when I said we're all in need of learning to live inside again, because if you just check into your own mind and your own life, it doesn't take more than a few seconds to realize that most of the time we are someplace else. Being driven and pulled by this and that (some of it professional and some of it personal), we can still exercise some degree of say over how that plays out. It doesn't take any more work to be present or to be more heartfelt, to be more mindful in the present moment, but we think that it does. So we need to learn how to not get caught up in that kind of thinking. And if you do believe in the sacred dimension of the doctor/patient relationship, then when you're with a patient, it's like a sacred trust to be there; and that means honoring your own and the patient's mind and body, heart and soul, no matter what. But that's not going to heal the system. The system is severely broken. It does need healing, which is very different from fixing, and we can hope it's moving in that direction. But thank you for the question.

Q: I just have one comment. Mindfulness and the art of living in the moment have helped me survive in the pressures of the system under which we live. Learning how to be fully present with somebody, when a thousand million other things are going on in the boundaries where we try to be with somebody, has been my personal survival mechanism in the work that I do.

A [JK-Z]: So it gives to you, and it gives to your patients. See, this is an important element that we need to learn the reciprocity of presence. It's like touch: you can't touch without being touched. That's actually true for all our senses. So when we see, we think we're just seeing, but the world is touching us through the seeing. The same with hearing. So, in a sense, when you give yourself back to yourself, which no one can pay you to do or give incentive for you to do, that in itself is like really living your life as if it mattered and living your profession as if it were important.

Q: In 1978, I had a head injury. If I look back on it now, they worked on it cognitively, but there is so much more that goes on. Emotionally, the loss of the sense of self, that is not looked at. There is so much more that goes on, besides the cognitive deficits.

A [TM]: I was relating to what you were saying because there is so much more that does go on. I just want to share something, and this is more for clinicians and family members and friends. It is important to understand what is going on in the patient's mind, and what patients have to deal with, what it feels like emotionally to be labeled, "having a head injury." I think that is some of what you are talking about too. This may be a bit dramatic but here is a book, and one chapter was about my case. This was written by a detective who worked on a number of cases in Manhattan. He is in the Manhattan North Homicide division. They did not think I was going to live, so they called in the homicide division. What I am going to read to you gives the feeling of what I had to come to terms with. I am not saying that the clinicians are saying this to their patients, but I think it helps us understand what it might feel like to have the sense that something is wrong with us.

During the night of Wednesday April 19, 1989, a young woman was attacked, brutally raped, beaten, sodomized, robbed and left for dead, bleeding, naked and unconscious in Central Park Manhattan. Within two days the case of the Central Park Jogger was known worldwide. She was not expected to survive. She did, but she had been permanently damaged.

The circumstances of my case may be a bit out-of-the-ordinary because there was a lot of publicity. However, I remember reading that description and thinking, "I heard those words, 'being permanently damaged,' much earlier in my recovery too." For instance, when I was making reference to some TBI (traumatic brain injury) experts on the news saying "you are brain damaged," that word "damaged" really stuck out. Now how do you deal with that and accept the fact that you are different? It is not easy and not just a cognitive issue. All this is part of being sensitive to what the person is going through.

[JK-Z]: You use a phrase that I just want to point out. You said it's something you "come to terms with." I don't know what your experience of it was because I don't know even nowadays whether you would get much more assistance with the emotional dimension of your experience, rather than with just the strictly cognitive. I would hope so, but I'm not so sure. That science, too, is just in its infancy.

The emotional portion of the brain gets injured, and then you lose your sense of self. So you need to reconstruct in some way that sense of self, or discover who you

are now. You used the phrase, "to come to terms with it," and that's the phrase I use when people ask me what I mean by healing. Ultimately I think what I mean by healing is coming to terms with the way things are. There are spacious ways to do that in which you become larger, and there are very contracted and narrow ways in which you become diminished, whether you've had a head injury or not. The more we can identify with what's deepest and best in ourselves, and nourish that (on the emotional side, as well as on the cognitive, physical, and somatic sides), the more healing will go on for our entire lives. Do you know what I'm saying? And your learning will go on for your entire life, and the more help you get from people who know you and love you, the more powerful it is. And as far as I can see, there is no end to it. This is the power of the human heart.

[TM]: That is the good part of recovering from a traumatic event.

Q: I'm very well aware of your situation [to Trisha] and I couldn't have had a happier day than to have a chance to meet you and hear you. You are indeed an incredible inspiration. When I read your story, I, along with many others, felt that your future might be quite dim. And how thrilled we are to know that we were wrong. But I must tell you regarding your last comment, Doctor, that the search and the challenge to find one's sense of self again is the greatest challenge for people with any kind of neuro injury, whether it's acquired or traumatic, because of the broken system that doesn't allow professionals to help for very long. So unless you have the innate ability as you [Trisha] did, and if you weren't the disciplined and motivated person that you are, with the incredible support system and the resources to pursue this, perhaps your outcome or anybody's outcome would not be as incredibly wonderful as yours. The need for mindfulness, the need for people to understand this, goes well beyond helping patients. Someone has to work with the family and the support system and the clinicians and the lady who raised that wonderful question, "What do clinicians do to stay in the moment and keep their hope and their outlook as optimistic as possible?" It's to have more and more opportunities to meet people like you, to know what the future can be. The fact that anybody can be in a rehabilitation environment will never ever give clinicians a picture of what can be two years, ten years down the line, because recovery continues. Thank you so much.

A [TM]: Thank you. I did not do it alone, so it is not just me. But I think, in a way, your comment is more of a motivation for me to say, "Yeah, maybe it is time now." I am not quite sure in what way, but to get out more and say, "Look, there is hope and possibility." Yes, I was very fortunate

and, for whatever reasons, a lot of things came together. I hate to think that it was because the healthcare system was a bit different back then, but that is one of the realities. I was there in the system for a lot longer than I could have been there today.

Q: What I understand about trauma is that the patients often have a very hard time going into their bodies because their body feels like an unsafe place. I'm curious to know if you experienced that, and if you did, how you got past it?

A [TM]: I do not think my body ever felt like an unsafe place. My body felt different, and it feels a little bit different today too. It is hard to articulate, but it is different in terms of a heaviness. There is something going on with my legs that is different, but I always felt comfortable.

A [JK-Z]: Let me just respond that in our clinic we see many, many people who feel like the body's an unsafe place, regardless of what their particular situation is. So that's one of the ways in which this kind of learning to live inside again involves opening up to the lack of safety, and then working skillfully with that. There are many, many different ways to do it. In Trisha's case, it wasn't all that relevant; but in many cases, it might be very relevant.

[TM]: Another example of things just happening and going along in ways that I can't explain, has to do with this gentleman here [pointing to her husband]. After I had the head injury, one of the things I thought to myself was, "Wow, is anybody ever going to want to be with me? I have had a head injury and I was raped." Being with Jim, to whom I'm now married, uplifted my level of confidence and he has been a tremendous support through it all. So thank you.

Q: I'd like to say that you are inspirational to me. I was in a coma for 3 1/2 months. I couldn't talk for over a year and I'm in a wheelchair, but I will walk just like you. Being here has been one of the greatest days of my life. You're so inspirational to me; the most inspirational person I've ever met.

A [TM]: Thank you so so much, but I want you to look at yourself too, and be proud of yourself. You said you were in a coma for 3 1/2 months and you couldn't talk. Look at what you can do now!

Q: You used to be in a wheelchair?

[TM]: Yes.

Q: You give me great hope. It can be done. I can beat this.

[JK-Z]: I think you've said it all. I just want to thank Trisha for the honor of being up here on the same platform with her, and to note how huge a step it is to move out of 12 years of anonymity and put yourself in front of a group of people like this. We had many discussions about how to do this and when to do it, and it felt like Spaulding Rehabilitation Hospital was the place to do it because it would be a place where her journey and her motivation for doing this would be understood. Given the huge sensationalism associated with her case and the trial, this is really a step of enormous magnitude that you've taken in your willingness to share in this way and disclose what happened to you. I bow to you. Thank you, Trisha.

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