



MIND & LIFE
INSTITUTE

Mind & Life Connect Transcript

Inger Burnett-Zeigler

April 27, 2023

Retrieved from [video recording](#)

Shankari Goldstein (00:07):

Welcome. My name is Shankari Goldstein. This is our second session of Mind & Life Connect. I work with Mind & Life Institute, my pronouns are she and her, and I'm helping to co-facilitate this space with my thought partner, nischal neupane. And I'm joining from Charlottesville, Virginia, which is home to the Monacan tribe, as well as African peoples.

(00:30):

So Virginia has a rich and complex history, and it's important to recognize the legacy of slavery, displacement, and the ongoing struggle for justice and equality. Monticello is only 15 minutes from my house. It's the home of Thomas Jefferson, and it's located not too far from our Mind & Life offices. And today we want to create space and honor the Monacan Nation and the African peoples who have lived and worked on this land and acknowledge the silencing of their voices in many cases. So nisch, I'll invite you to share with our audience where you're tuning in from.

nischal neupane (01:05):

Hi. Thank you, Shankari. Welcome everybody, to our second Mind & Life Connect. My name is nisch. I am the other program manager at Mind & Life and co-host of Mind & Life Connect. And I'm joining you today from Northampton, Massachusetts, which used to be Pocomtuc land. And thank you, Shankari, for doing the land acknowledgment so beautifully. I'll pass it back to you.

Shankari Goldstein (01:28):

Yeah, thank you. And we have links, too, to help you provide ongoing support for these communities. So we do have hopefully some tech people that can put those in the chat for the live audience. And then we're hoping to get those links on our website page under Inger's recording when we're done with this episode.

(01:46):

So our session today is a chance to hear from a leading advocate in mental health treatment. So Dr. Inger Burnett-Zeigler is joining us, and we will be discussing the disproportionate impact of trauma on BIPOC communities as well as the intersectionality between stress and trauma and race. More importantly, it's a chance for you all to come together as a community and use your voices with one another. So I want to open the session first by reading a quote from Dr. Burnett-Zeigler's book, titled *Nobody Knows The Trouble I've Seen: The Emotional Lives of*

Black Women, which I've been diving into over these last few weeks in preparation for our time with her.

Shankari Goldstein (02:29):

So in her opening, she says, "In therapy, my clients and I explore what lies beneath the mask of strength. This is usually the unfamiliar space because talking about our problems to strangers is not something we as Black women typically do. But if you have come to this book, you might be willing to try something new to help you with all that you have been holding onto. Don't be afraid of what might happen if you unearth a buried part of yourself. I invite you to approach the pain that for years has been avoided and denied. You no longer have to pretend that you're fine." And I love that because that's so much about what this session is about, exploring those barriers and the fears around mental health and communities not being able to access mental health treatments.

(03:21):

And I just want to continue to extend that invitation that Dr. Burnett-Zeigler has given us and say that if you've come to this space to hear her speak today, know that Mind & Life Connect is truly a space that is dedicated to you, the participants, our community, to come together and build a thoughtful, nourishing, and hopefully inspirational community through sharing unique perspectives with one another.

(03:45):

So on that note, I'm going to do a short introduction of Dr. Burnett-Zeigler. She will be sharing some contemplative practices with you all to help ground you in the work, as well as a short presentation. Dr. Burnett-Zeigler is an associate professor of psychiatry and behavioral sciences at Northwestern University's Feinberg School of Medicine. She's a licensed clinical psychologist with over 20 years of experience, and she specializes in medicine and helping people manage stress, trauma, mood, and anxiety conditions, and interpersonal relationship issues, promoting holistic wellness through mindfulness and self-compassion. Dr. Burnett-Zeigler, thank you so much for joining us today and helping to foster this dynamic community space. And I'll hand this space over to you now.

Dr. Inger Burnett-Zeigler (04:34):

Good afternoon to everyone. Thank you, Shankari and nisch, for the lovely introduction. Thank you to Mind & Life for inviting me to be in community with you all today. Before I start the formal part of the presentation, I'd like to invite everyone in to take a moment just to settle down. If you'd like to turn off your cameras for just a moment, feel free to do so. Or you may leave your camera on and lower your eyes.

(05:10):

Taking the first few moments just to settle down in your chair, planting your feet firmly on the ground, feeling your hips heavy in your seat, spine is long and upright, shoulders dropping down, palms resting in your lap or facing upward. Taking these moments to just be and to notice whatever might be showing up for you.

Dr. Inger Burnett-Zeigler (06:15):

As you're arriving into your space, arriving into this moment in time, arriving into your body and turning toward your breath, knowing that there's nothing for you to do in this moment other than to just be. Noticing whatever is showing up for you and allowing yourself to be present with it. Inviting any thoughts, feelings, physical sensations to stop by and pass away. Just noticing, just being. I invite you to take a few more moments right here, returning to your breath as your anchor and returning to your space.

(09:35):

If you have turned off your camera, I invite you to turn it back on if that is okay for you. And while I am switching to my slides, I'd like to ask you to just take mental stock, or you could even share in the chat actually, anything that you noticed in this moment. I think that would be nice, if you shared it in the chat—thoughts, feelings, physical sensations, things that came up for your environment. And perhaps we'll turn back to that when we go into the breakout rooms. In the meantime, I'll be switching over.

(10:28):

Okay, so today I'll be talking with you briefly about the relationship between stress, trauma, and the body. The American Psychological Association puts out a report indicating the top 10 stressors reported by Americans. And in that report, they indicate that the top stressors are money, work, the economy, relationships, personal health, housing costs, job stability, family health, and personal safety. And of course, we can look at these stressors and think about those that have been particularly relevant over the past three years as we've moved through the COVID-19 pandemic.

(11:16):

We know that Black adults experience a disproportionate burden of stress, so more stress related to employment, poverty, racism and discrimination, and trauma. And in our conversation today, I'll be focusing specifically on the unique stressors experienced by those in the Black community, as well as trauma.

(11:41):

In a survey that I conducted, inquiring about stress experience among Black women, Black women indicated these were their top stressors: making and saving money, being a provider and caretaker, being a single parent, safety of their children, personal and family health, fear of disappointing themselves or others, feeling not good enough, feeling unsafe, and living while Black.

(12:13):

I'd like to highlight provider and caregiver stress is a particular stress that is greatly reported among Black women, recognizing the role that economic disparity plays in this burden of stress among Black women. Knowing that a fourth of Black women live in poverty, more Black women are unemployed, and despite these economic disadvantages, Black women carry the greater share of burden of being the provider of care and caretaker for their family, with more Black children living with a single mother and Black women more likely being the sole earner or

earning the majority of income in their households.

Dr. Inger Burnett-Zeigler (13:05):

Most people have experienced some form of trauma at some point in their lifetimes, with an estimated 70% of people in the general population having experienced some form of trauma. Traumatic stress is a particular type of stress whereby one is exposed to a dangerous, shocking, or scary life-threatening experience. Here I have displayed the top traumas that people experience, including sexual, physical, and emotional abuse, neglect, traumatic grief and separation, interpersonal violence, community violence, natural disaster, war or terrorism, and serious accident or illness. While 7 in 10 adults in the general population have been exposed to a trauma at some point in their lifetime, Black adults are more likely to have been exposed to a trauma, with Black children having more experiences with sexual abuse, physical abuse, and childhood maltreatment.

(14:17):

Black adults have the highest number of cumulative traumatic events. So not only having been exposed to one trauma, but being exposed to traumas repeatedly over the course of their lifetime. This repeated exposure to trauma is associated with higher rates of PTSD among Black adults, with estimated lifetime prevalence rates of 8.7 among Black adults and 7.4 among white adults, with poverty, exposure to discrimination and chronic stress, microaggressions, and negative interactions with family members being risk factors. The majority of those in general, and specifically within the Black community, do not receive professional help for their traumatic stress.

(15:09):

I want to extend beyond those trauma exposures that I just displayed and think about the broader exposure to trauma that is not always captured when we're thinking about trauma. And that's racial trauma and race-based traumatic stress, which is defined as a mental or emotional injury caused by encounters with racial bias and ethnic discrimination, racism, and hate crimes. And this exposure to racial trauma and race-based traumatic stress is more likely in BIPOC communities.

(15:42):

When we're talking about race-based traumatic stress, some of the incidents that can lead to that is having a direct experience with a racism-related life event, a secondary experience with racism, or in other words, vicarious racism. And that can occur through media exposure, social media, conversations, even listening to conversations about exposures to racism potentially through the work that one might be doing, microaggressions that occur in the workplace or beyond, chronic contextual stress, collective experiences of racism, or in other words, one's experience with racism that might not be personal but might be racism that's directed toward a family member or directed toward the ethnic or cultural community that one identifies with, and transgenerational transmission of group trauma. In other words, the ways that trauma can be passed on through imprints in the genes and the body.

(16:54):

We know that about two thirds of those who are Black and Hispanic report daily discrimination,

such as being treated with less respect, being threatened or harassed. About a fourth of Black women report receiving monthly microaggressions. And this exposure to stress in general, and traumatic stress specifically, has an impact on the physical body, whereby stress-related hormones are more likely to be produced, such as cortisol.

Dr. Inger Burnett-Zeigler (17:27):

Moving from race-based traumatic stress to another type of trauma exposure, including intimate partner violence, whereby over 12 million people experience intimate partner violence a year. A third of women experience physical violence by an intimate partner in their lifetime, and more Black than white women are exposed to intimate partner violence. Of note, 50% of female homicide victims are killed by their intimate partners, and this most often happens at the point of separation. We know that commonly it is very difficult for those who are in intimate relationships where there is abuse and violence—for a variety of reasons, social, economic reasons—for people to separate from these relationships. And it is at the point of separation where they are at greatest risk of harm for unfortunately losing their lives.

(18:35):

When we think about trauma exposure, there is a relationship between trauma exposure and developing PTSD. However, not all people who are exposed to trauma will go on to later develop PTSD. An estimated one in five people who are exposed to trauma in their lifetime will develop PTSD, or post-traumatic stress disorder. When we think about the clinical criteria that comprise post-traumatic stress disorder, it falls into these four categories of: 1) re-experiencing the event, so thinking about it through flashbacks, bad dreams, memories; 2) avoidance of things that remind the individual of the event, places, things, objects, even particular thoughts or feelings that remind them of what took place during that trauma; 3) arousal, physical arousal and reactivity, being nervous, on edge, having difficulty sleeping; and 4) changes in cognition and mood, difficulty with memory, mood changes whereby an individual might be consumed with feelings of guilt or self-blame, which if left untreated can develop into depression and anxiety.

(19:52):

Honing in on that third category of arousal and reactivity, those physiological symptoms of trauma in the body, we know that this can show up in some immediate ways as well as in some delayed ways. So immediately, when one has been exposed to a trauma, they may notice gastrointestinal issues, sweating, feeling lightheaded or faint, muscle tremors or shaking, elevated heartbeat, extreme fatigue or exhaustion, feeling more startled, and depersonalization or feeling outside of your body.

(20:34):

We know that exposure to trauma can lead to some long term consequences, including physical consequences, such as disturbances in sleep, difficulties with attention and concentration, appetite changes, being more prone to infection, more fatigued, elevated cortisol levels, as we've already discussed, hyperarousal, the sense of being always on edge, worrying about the next bad thing happening, and long-term physical health effects. We know trauma has been linked to a number of chronic health conditions, including cardiovascular disease, obesity, and other chronic health conditions, obstructive pulmonary disease, as well. I want to make a note

that particularly some of these immediate physiological reactions, while we're talking about responses to traumatic stress specifically, we see some of these physical reactions when faced with a stressor that may not be categorized as a trauma.

Dr. Inger Burnett-Zeigler (21:41):

Trauma shows profoundly in the body, particularly in the brain. It's stored in the amygdala and the hippocampus, the memory and emotional centers of the brain, and contributes to these feelings that I've named, this feeling of being overwhelmed, on edge, muscle tightness and tension, chest tightening, memory difficulty, and brain fog. Trauma impacts how we store memories, and also a trauma impacts the way that we have processed the traumatic event. Exposures to general stress and traumatic stress can lead to increases in stress hormones, such as cortisol, in the body. That difficulty in attention and concentration can contribute to poor executive functioning or decision making in our brains.

(22:36):

And as I briefly mentioned a couple of slides ago, there is some early research that's looking at the role of trauma and epigenetics, whereby past generations that have experienced a trauma—there's research that's looked at how those traumatic exposures have left an imprint on the genes that impact health functioning in future generations that have not directly been exposed to that particular trauma, or any trauma.

(23:12):

Coming back to the broad umbrella of stress, we know that stress contributes to our thoughts and feelings, contributes to changes in the physical body, and contributes to impairment and behavior as well. So stress can be related to feeling more irritable and angry, leading to depression and anxiety. Stress can be related to headaches, fatigue, gastrointestinal issues, muscle tightness and tension, and leading to sleep disruptions, unhealthy eating, and substance misuse.

(23:51):

And this stress impacts our wear and tear on the physical body, as well as aging. And there's a scholar at the University of Michigan by the name of Arline Geronimus, who's coined the term The Weathering Hypothesis that describes the ways that stressors can contribute to wear and tear on the body, particularly among Black women. And what she has found is that Black adults experience early health deterioration as a result of repeated exposure to social and economic adversity.

(24:26):

This weathering term that she has coined is a composite of a number of biomarkers, including blood pressure, cholesterol, BMI, and others. And she's found that Black women are most likely to have this high weathering score, high wear and tear score, and that by age 45, 50% of Black women had a high weathering score. And this is not fully accounted for by poverty. So really demonstrating that those stressors, that disproportionate burden of general stress, as well as traumatic stress, has an impact on the physical body.

Dr. Inger Burnett-Zeigler (25:06):

Additionally, Dr. Sierra Carter has looked at the role of discrimination on accelerated cellular aging, and she has found that discrimination in youth is associated with not only depression in young adulthood but earlier accelerated cellular aging. So again, demonstrating how race-based traumatic stress in particular can play a role in life expectancy. We know that stress, emotional stress, chronic and acute stress, is closely related to a number of other chronic health conditions and related to health disparities in those chronic health conditions, whereby white adults have a four-year greater life expectancy than those who are Black. Stress is related to disparities in maternal health outcomes, fibroid development, cancer, cardiovascular disease, diabetes, and obesity.

(26:16):

And I want to call out in particular the role of stress in maternal health outcomes, whereby there's some early thought that stress is playing a role in maternal mortality, low birth weight and preterm infants, and miscarriage and stillbirth. And of course, this has been a topic of much discussion of late while disparities in Black maternal health outcomes persist and research is demonstrating that they are not accounted for by economic factors.

(26:54):

Bessel van der Kolk has done a lot of really groundbreaking work looking at the role of trauma in the body—the author of the book, *The Body Keeps the Score*—and he has this quote that says: "Trauma is not just an event that took place sometime in the past. It is also the imprint left by that experience on the mind, brain, and body." So really speaking to how the effect of past trauma can still be very present in the lives of those who have experienced it.

nischal neupane (27:34):

So the next part of the program is you'll get to, we're just going to do an open Q&A sharing session with Inger. The way we'll do this is if you have a question, please use the raise hand feature in Zoom. I think it stays under the reactions tab. So raise your hand and then we'll invite you up so you can ask a question directly to Inger.

(27:56):

While you all get set up and come up with the questions, I'm going to take my sort of host privilege to have, I have a question for Inger right away. Inger—I don't know if you are all aware, but Inger wrote this incredible book called *Nobody Knows the Trouble I've Seen: The Emotional Lives of Black Women*, which I think everybody should read. And Inger, you say that in that book you provide a roadmap to help Black women find the balance between strength and vulnerability. And I think we all need to find that balance in our lives. Are there any suggestions, tips? Do you want to elaborate on what that means and how you present that information in the book for us, please? Thank you.

Dr. Inger Burnett-Zeigler (28:39):

Yeah, thank you nisch, for the book shout-out. I always appreciate an opportunity for that. So thank you. And so what I'm referring to there is the way that Black women specifically, many Black women, have been culturally taught to cope with stress and trauma. And that's through all enduring strength, strength at what sometimes comes at a personal cost, strength, which means

self-sacrifice, deprioritization of individual needs, overextending, overburdening, not taking time for self-care, not recognizing our own traumas and the hurts that come from that trauma, and not feeling like it is permissible or okay to be able to acknowledge those wounds. That I think has been the historical cultural definition of strength.

Dr. Inger Burnett-Zeigler (29:59):

And I think that that's changing, and I am excited about that change. I think that's changing as more people generally are thinking about mental healthcare and self-care. And I think particularly more Black women are starting to think about what it means to better take care of ourselves and the risks that come with not taking care of ourselves, the great emotional turmoil that can come with that.

(30:30):

And so specifically, I mean, strength is being able to say, I experienced this and this is how it's harmed me and this is the help that I need to heal. That particular recognizing of a need for help and accepting the hand that's being extended, I think is a form of strength that is not always seen as such. But I really try and invite people to see taking help, asking for help, taking a pause, setting your own boundaries in service of your own health, as also being indicators of strength. Thank you for that question, nisch.

nischal neupane (31:24):

Thank you so much, Inger. I keep thinking about my own conversations with my male friends about what strength means, so it's very relevant there as well. We have someone who's raised their hand. I'd like to invite them to ask their question.

Question 1: What excites you about bringing mindfulness-based resources to culturally different community-based settings that are under-resourced?

Dr. Inger Burnett-Zeigler (32:02):

So yes, you have landed squarely on my area of research interest, looking at the mental health needs of Black women in the community and the ways that mindfulness-based approaches might be culturally tailored to be implemented in community-based settings that are traditionally under-resourced.

(32:31):

The project that I've been leading for the past five years has been a culturally adapted version of MBSR, Mindfulness-Based Stress Reduction—adaptation in terms of images, the poetry that's used, the examples, adapting in a way that particularly resonates among Black women—but in addition to that surface-level adaptation, thinking about ways that we can implement whatever it is, in our case, a contemplative type of intervention, but whatever it is, in spaces where people are already going, understanding that most people with stress and trauma or whatever their challenges, are not showing up in mental health offices.

(33:20):

So in terms of future directions, I remain very committed to communities of color, women of color, trauma-exposed women of color, as a population of interest. And then the pathway being

partnership with community-based organizations. So how we as clinicians and we as scholars can go to the people and implement our evidence-based thing where people already are and really strengthen mutually beneficial academic-community partnership type of work.

Question 2: Can you speak more about the epigenetic factors of trauma?

Dr. Inger Burnett-Zeigler (34:15):

So there's some early research that has looked at the descendants of people who have been trauma-exposed and found that those individuals who had not been directly trauma-exposed themselves, there was an imprint left on their genes that increased their vulnerability to mental health as well as physical health conditions. And this research is a little bit, not controversial but not definitive yet, but kind of building line of research really suggesting the way that trauma can not only show up in our individual bodies, but can also be, the effects can be passed on to future generations.

Question 3: How can society better support people of color in dealing with the physiological effects of trauma and stress?

Dr. Inger Burnett-Zeigler (35:25):

Yeah, that's always such a hard question for me because I am a clinical psychologist, so I work with individuals and it is my intention to help individuals cope with their suffering and build capacity toward healing. And though that is the work that I do, using an integrative practice including but not limited to mindfulness-based approaches, I also recognize that much of the work that needs to be done is beyond that of the individual. And so I think of it as kind of like a multi-pronged approach with the systemic factors and those systemic factors—ones I think about most are where healthcare is offered, communities... I'm sorry, I don't know if you guys can hear my baby crying in the background.

Shankari Goldstein (36:22):

That's okay. This is a family space. You're all good. Keep going.

Dr. Inger Burnett-Zeigler (36:34):

Sorry about that. So thinking about where healthcare is offered, how healthcare is funded, how that serves or doesn't serve particular populations. Then at the next level, thinking about the interventions themselves, how interventions are appropriate or not to meet the needs of diverse populations, and then coming down to the individuals. So I think addressing each of those prongs and more, but those are the ones that I specifically think about in my work.

Question 4: Through your experience, have you learned a way to identify that someone has undergone trauma, and do you have a universal approach for them?

Dr. Inger Burnett-Zeigler (37:29):

Some signs are anxiety, sometimes people lead with the anxiety, and it might look like a generalized anxiety, but depending on the history and the story that's coming with that, there may be a history of trauma behind that. Some of the symptoms that I briefly touched on, persistent fear, avoidance, feeling nervous and on edge, difficulty in interpersonal relationships. And I think when we are exploring trauma with an individual, it is important to take that kind of

long lens, looking at perhaps not only adult exposures to traumas, but repeated exposures to trauma over the life course.

Dr. Inger Burnett-Zeigler (38:21):

So I know nisch told me I only had a quick response, but I would just quickly say, for example, I'm working with someone now in clinical practice that was sexually abused in early childhood, had emotional abuse from their parent, left the home environment to get into an emotionally abusive relationship with a partner, has been assaulted a number of times, has been living in poverty. So there are all of these touchpoints in which the trauma has impacted them.

(38:52):

And the way that that is showing up now, it's a lot of anxiety, nervousness, on edge, as they describe, feeling all over the place. And so I think those symptoms can look a little bit different in different people, but I think that that's often what's at the surface. In terms of a catch-all approach, I don't really subscribe to that, just in general. I take an integrative approach. I think that people are different. They come with different cultural histories, they come with different personal stories, they come with different individual strengths and resources that should be used as a part of the way we service them. And so I think all of that should be taken into consideration when we think about how we as supporters or providers are showing up to offer our tools to the person.

nischal neupane (39:55):

Thank you, Inger. And thank you for the question. Shankari, I'm going to pass it on to you to take us through the end of our program.

Shankari Goldstein (40:02):

Thanks, nisch. Thanks, everyone, once more. This was such a fun session and such a good number two to learn from and grow from as we continue to find these new ways to foster community with you all. So on that note, we hope that you can join us for our upcoming Mind & Life Connect with Dominique Malebranche on Trauma and Resilience, taking place on May 25th. So you see a recurring theme here. That's going to kind of be our thing for these three months, is we're talking about trauma, we're talking about stress, we're talking about body right now, and we'll move into other topics in the fall.

(40:40):

Also, if you haven't already done so, please make sure to check out our Insights Project. We're just lifting that back up as well. I think one of our tech people is going to put a link in the chat, and you can also find it on our Mind & Life website for those tuning in on the recording. This is a journey into the heart of contemplative science. The Insights Project is located on our website. It's chock full of curated articles, podcasts, artwork, and resources that really speak to personal wellbeing and embodiment, much of what our cycle one Mind & Life Connect explores, so you can further your investigations there.

(41:15):

And on a final note, we hope that you'll be able to fill out our short three to four question survey, which is going to pop up at the end of this webinar. This information has been really helpful and

valuable in informing and supporting our presenters in how we continue to craft this space for you all. So thank you once again, from nisch and I. And on that note, I will pass it over to Inger to lead us in a guided practice.

Dr. Inger Burnett-Zeigler (41:40):

And I give my thank yous to nisch and Shankari, Mind & Life, and each of you again for sharing this space. Just as we started, I would like for us to close, turning off your camera if you'd like, or lowering your eyes, returning to your seat, settling into your space, settling into your body, turning your attention inward and landing on your breath. Feeling the air come in through your nose, down your throat, filling your lungs and your belly. Noticing your belly as it expands and contracts, rising with the inhale, falling with the exhale, riding the wave that is your breath.

(44:13):

On your next inhale, feeling your breath extend out to the body, reaching out through each arm, the palms, your fingertips, through your center, down each leg, your knees, the soles of your feet, feeling your breath take up space in each corner of your body and noticing what is there. I invite you to draw your attention to your center, landing on your heartbeat, pausing and observing if you can feel that sensation. Your next exhale, coming back to your center, deepening your breath with a few inhales and exhales, raising your eyes, and inviting yourself back into your space. Thank you once again, my friends. I hope to see you another time soon.