

Starting Strength

Mental Toughness

by

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Since following the Starting Strength program starting in June of 2015, I've had some interesting connective experiences to my day-to-day work that led to further reflections I'd like to share here.

First a word about myself and the context. I'm a 61-year-old licensed mental health counselor in private practice in Florida. I have an extensive athletic background, including track and field, wrestling, triathlon, and powerlifting. In my psychotherapy practice, I specialize in helping trauma survivors, seeing people both in my office and consulting at a local addiction recovery facility.

Readers may already be familiar with the intense and debilitating symptoms of PTSD and trauma in general, either by having known someone with the disorder, or through the coverage these topics get in the news and special documentaries. What they may not fully appreciate are the more subtle symptoms that I would characterize as an impaired sense of personal efficacy or, to put it differently, a void where mental toughness should be. But first, let us get our heads around a few concepts.

The newest edition of the Diagnostic and Statistical Manual of Mental Disorders [1] made some important changes to traditional markers of PTSD. They reworked descriptors to more adequately reflect the behavioral aspects of the disorder under the three broad categories of 1.) re-experiencing, 2.) negative cognitions and mood, and 3.) arousal problems. Though the DSM doesn't talk about mental toughness per se or the lack thereof, it does reference somewhat parallel concepts – the problematic negative cognition patterns that start to emerge in a person suffering with chronic PTSD. These range from a persistent and distorted sense of blame of self or others, to estrangement from others, to markedly diminished interest in activities, among other features. In addition, a new subtype is available for diagnostic purposes, the Dissociative Subtype. Its features include prominent dissociative symptoms, either experiences of feeling detached from one's own mind or body, or experiences in which the world seems unreal, dreamlike or distorted.

In my clinical experience, the cumulative effect is often manifested in the form of a person in the chair opposite me who along with symptoms from the three categories also feels like a ghost with no substance left, a person who indeed now floats around with a detached, dreamlike experience of the world, others, and themselves. In severe cases there is a complete void of volition and initiative, and a badly eroded sense of self-efficacy.

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I'm not describing anything new. These effects have been well noted in whole populations who have suffered natural or man-made trauma for millennia. If strength is the ability to produce force against a resistance, then mental toughness must have to do with the ability to stick with that effort, to push back, believing one could yet have an effect, no matter what particular type of resistance one is up against. In the face of a continuing stressor, without the chance for recovery and adaptation, at some point we would all collapse. The collapse of the will to push back and believe in one's efficacy – what seems like the evaporation of mental toughness – is perhaps at the heart of the disorder, and is surely the most troubling feature in the subset of people who go on to develop full-blown PTSD in the aftermath of trauma.

The point of this article is how certain insights from strength training hooked up with my therapeutic sensibilities. If physical strength forms the base on top of which the superstructure of all other interrelated aspects of well-being are built, it makes sense that enhancing strength not only makes us feel better about ourselves in the short run, but under the right circumstances promotes overall mental health in the long run.

What became salient for me is how even brief enactments of strength, or strength displayed quickly, i.e., power, could pluck other strings and be a reminder of capacities not really lost, a powerful reconnection point for someone whose trauma had left them feeling so powerless. The following clinical narrative represents a composite of a small group of recent clients I've worked with and with whom I had a solid enough relationship to try what follows.

A woman who'd been badly abused in her youth was now at least clear of the re-experiencing and arousal symptoms as a result of the early work we'd done. But she was dogged by the persistent tendency to cave in and comply when met with forceful demands presented by others, that left her with pervasive self-disgust and lack of integrity that showed up in several areas of her life.

Though in a position of considerable authority and responsibility in her work, she thought little of herself, and would instantly capitulate even when leaned upon to do things against her better judgment or that she felt was wrong. I recognized from the limp handshake, the vacillating voice, the instant withdraw from anything that would risk displeasure or require her to take a stand, and the dream-like trance that overtook her when in the presence of powerful others, that all the residues of dissociative post traumatic stress disorder were there.

It probably reflects my original Gestalt training as much as my more recent strength training, that I employed the following tactic: the first thing I wanted this woman to do was to reconnect with the natural strength in her body. With certain therapeutic parameters in place, I role-played a rather aggressive and obnoxious co-worker she regularly encounters at her job and around whom she'd described her own paralysis at length. I asked that we both stand up, and of course, she immediately complied.

I backed her into a corner with only an uncomfortable foot of distance between my upper body and hers. I talked to her harshly, using some of his demeaning lines and down-putting attitudes. I informed her that I weighed 240 pounds, was very strong, and could push her around any direction I wished unless she did something about it. I told her she couldn't hit me, but she could place her hands on my chest and do anything that occurred to her to get me out of her space, as I leaned in a bit more. To her and my amazement, she planted both legs hard into the ground, set her jaw, held a big valsalva breath, and lowered her center of gravity, much like a linebacker does just before the ball is snapped. With a visceral grunt, she drove with her big muscles, and by an instant recruitment of whole body strength that came from legs, back, and hips and went all the way up through shoulders, forearms and hands, she shoved me halfway back across my office like I was an unloaded prowler sled.

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With her eyes as big as saucers, she looked into my face and then down at her own hands. She sat down in the chair slowly, and processed for the next fifteen minutes how different and needed that experience was from anything that had ever been afforded her as a child or in later years. Her tonality was markedly different – the voice had a more resonant timbre and never wavered. Gone too was the tentativeness and breathlessness with which she started or ended her statements. Her thorax and shoulders were more open and upright and I could tell she had the full support of her own air column back again. Gestalt is all about completing unfinished action tendencies that can then sometimes produce profound shifts in self-perception and the opening of capacities long thought lost.

I then prescribed something for the first time ever in my career for a psychotherapy patient. I told her to read *Starting Strength* and to align herself with a gym and carry out the novice program for the next 6 months or until she had exhausted all the improvement possible in her linear progression. I told her the power she had briefly accessed needed development and that I wanted her to squat, deadlift, press, power clean, and bench press faithfully as prescribed in the book. She nodded emphatically “yes” to all I was saying, as if she understood what I was getting at without even reading about it or having yet experienced it.

The brain is an amazing organ as is the rest of our physical endowment. Some important neuropathways reconnected for my client that day. But strength is not a one-and-done type of project, either in the consultation room or in the gym. My hope is that along with other interventions, through barbell training, her psychological strength – her mental toughness, you might say – will regain tone and reciprocally come back on line as she makes gains within a physical component that she herself directs. Through regular stressing, recovery, and adaptation, there is no reason why she can't reap the full benefit of getting stronger at least weekly for a good portion of her life and continue to feel its carryover into all aspects of her existence.

I would hasten to offer the disclaimer here that what I've elected in my professional judgement to do with a few clients in a handful of specialized situations should not be construed as advice or a blanket strategy that other trained (and certainly not untrained) people might employ with trauma survivors. PTSD is a complex disorder that responds to various therapeutic interventions, but informed sensitivity to the situation and timing are essential. We are still in the process of understanding it and how and why it responds to treatment in some cases but not in others.

I would say, however, that one or two of these clients have called me to share major decisions arrived at and changes made in their private or public lives that bespeak the continuance of strength and a certain mental toughness that has not abated. You see, with an impactful-enough experience, such as the one described above, and a symmetrical follow up, such as time in the gym under the bar, the unconscious is thoroughly capable of recognizing a new pattern of adaptation and generalization to other areas of life with an efficiency and elegance that we can scarce imagine. I believe staying in the gym and staying with a program of strength training facilitates the development of mental toughness by sending a deep signal to the brain that over time makes structural changes and becomes part of the inner architecture of a person who is truly healing, growing, and adapting well to life's continued challenges.

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treatment of couples (using Emotionally Focused Therapy) as well as individual trauma recovery and anxiety issues. He brings rich experience from a combined 26 years of hospital work and mental health counseling. He is married and has three children. Among his hobbies are strength training, enjoying the outdoors, and continued learning.

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References

1. American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Sep 24, 2015.

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