

Minding the Body and Embodying the Mind: Somatic Experiencing the Self in the Group

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“Trauma is an internal straitjacket created when a devastating moment is frozen in time. It stifles the unfolding of being, and strangles our attempts to move forward with our lives. It disconnects us from our selves, others, nature and spirit. When overwhelmed by threat, we are frozen in fear, as though our instinctive survival energies were ‘all dressed up with no place to go.’”

—Peter Levine, 1997

Suggested additional readings:

Heller, D. P., & Heller, L. (2001). *Crash course: A self-healing guide to auto accident trauma & recovery*. Berkeley, CA: North Atlantic Books.

Levine, P. (1997). *Waking the tiger: Healing trauma*. Berkeley, CA: North Atlantic Books.

Levine, P. (2010). *In an unspoken voice: How the body releases trauma and restores goodness*. Berkeley, CA: North Atlantic Books.

Levine, P. A., & Kline, M. (2007). *Trauma through a child's eyes: Awakening the ordinary miracle of healing*. North Atlantic Books.

Payne, P., Levine, P. A., & Crane-Godreau, M. A. (2015). Somatic experiencing: Using interoception and proprioception as core elements of trauma therapy. *Frontiers in Psychology*.
<http://journal.frontiersin.org/Journal/10.3389/fpsyg.2015.00093/full>.

The Somatic Experiencing Trauma Institute's website: www.traumahealing.com

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Key concepts of Somatic Experiencing®

- ◆ SE understands that trauma is a natural and normal part of life, not a mistake, a disease, or an aberration.
- ◆ SE holds the attitude that the body-mind is designed to heal intense and extreme experiences, in contrast with common belief that the effects of trauma are permanent.
- ◆ The therapeutic approach of SE focuses on empowerment, mastery, expansion of choice, self-direction, and self-determination.
- ◆ SE works within the client's range of resiliency to facilitate the most efficient healing recovery, instead of pushing through "resistance," or promoting emotional catharsis or painful physical discomfort.
- ◆ Content of a story is used to track activation, rather than to search for memories.
- ◆ Symptoms represent bound activation; they show exactly where to deactivate excess charge left over from the traumatic event. Symptoms are not a disease state, although they may be associated with an actual disease. The key is not to over- or underemphasize pathology.
- ◆ SE works predominantly with the "felt sense", accessing physical sensations, imagery, and motor patterns, with less emphasis on cognitive and emotional processes.
- ◆ SE helps the client to recognize and expand the internal, external, and missing resources to aid in the healing of the traumatic event.
- ◆ SE stabilizes the client in a safe, "grounded," resourced state before working with any traumatic material.
- ◆ SE helps facilitate the re-regulation of the ANS by restoring gentle cycles of sympathetic and parasympathetic interplay.
- ◆ Work with "just enough" activation to allow discharge, integration and/or completion within a person's current range of resiliency.
- ◆ SE works peripherally with the activation. This means we may begin our work away from the area of greatest injury, or we may examine the traumatic event from what occurred before and after the primary core of that event. This allows us to reduce some of the bound charge, and build enough stability to tolerate the strong sensations and emotions contained in the apex of the event.
- ◆ SE works in the here and now and focuses on the sensations and body memories and resources occurring in the present.
- ◆ Expanding a person's tolerance of their bodily sensations helps them to trust in the innate wisdom of the body, and begins to uncouple, or separate out, the fear and terror experienced during the event.

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Selected clinical components of Somatic Experiencing®

I. Stabilization

No content
Self-regulation
Mutual regulation
Grounding
Resource: external, internal, interpersonal

II. Managing Activation

Orienting
Titration
Pendulation
Pacing

III. The Threat Response Cycle

When we feel under threat, our body goes through a rapid sequence of automatic responses, which are involuntary and hard-wired into our nervous system:

1) Arrest and Startle

- Stop in mid-motion.
- Head, neck, and spine extend.
- Eyes wide, ears alert.
- Body still and braced.
- Stillness makes prey invisible to predator.

This stage begins to prepare the organism for action. The sympathetic nervous system is readied, mobilizing chemicals and hormones that are essential for escape or combat. Once we are startled, this biological cycle has begun and needs to complete.

If we are:

- caught unawares, without advance warning
- asleep, deeply relaxed, or anesthetized
- rear-ended or blindsided
- hit from above or behind, or frightened by a loud sound, etc.,

it is likely that the startle response was interrupted--
and the body was robbed of essential readiness, of the chance to prepare.

2) Orient and Scan (“exploratory orienting”)

We animals tune into our environment to recognize whether we are safe in the present moment. These responses are automatic, instinctive, and largely unconscious.

The orienting reflex begins with scanning the external environment for danger—first wide, then narrow—and if we are overwhelmed or overstimulated, we may orient *away*.

It also includes assessing the intentions of other members of the herd. Social engagement involves the evaluation and response to this information; it is the dynamic autonomic nervous system that has evolved to communicate within a social group.

In a traumatized person, the orienting systems are either:

- continuously active (no discrimination; everyone and everything feels threatening) or
- frozen or inhibited (tunnel vision; not seeing anything, even if it’s safe; any questionable stimulation leads to freeze)

The *clinical strategy* is to give time and space to have the full experience that was previously interrupted, distorted, or habituated.

3) Identify and Evaluate

If the ability to evaluate is not impaired,

and *if* the organism recognizes that there is no danger--

the parasympathetic re-engages, and the healthy nervous system discharges the arousal and returns to baseline.

But if danger is present:

4) Defensive/Protective Responses (Flight, Fight, Freeze)

These reflexes are:

- involuntary and automatic,
- strong and hardwired, and
- present before birth.

It’s normal to attempt to protect ourselves, or loved ones, against anything that we perceive as dangerous.

Flight is the most effective response when successful escape is probable. It may involve moving away from danger, or towards safety. Impulses are likely to be conflicted: There may be impulses to flee and terror at the thought of doing so.

The *clinical strategy* is to support mobilization:

Notice preparatory movements and the movement towards survival.

Flight may move into **fight** if the client feels or felt cornered. But standing one’s ground or fighting to protect oneself may not be possible -- due to age, size, beliefs, or position.

A person with an interrupted fight response may be collapsed, depressed, shut down, passive/aggressive, or bitter; or the person may:

- act out, with aggressive behaviors or fantasies towards self or others;

- seek out high-risk activities, drive recklessly, pick fights;
- be complaining, litigious, judgmental; and/or
- purposely injure self or have suicidal thoughts.

When a body is “programmed” or conditioned to stop or avoid aggression:

- these natural responses to threat are inaccessible;
- resignation, collapse, and powerlessness become the default response;
- negative beliefs accumulate about the appropriateness of anger and self-protection; and/or
- the accumulation of blocked energy leads to physical symptoms either at the site of the inhibited area (e.g., shoulders, jaw, throat, hands) or in the weakest part of the system (e.g., viscera, digestion, heart, headaches).

The *clinical strategy* is to restore the impulse. Support the client through the sensory motor movements of “what wanted to happen” given enough resource, time, strength, etc. Encourage the client to imagine the act in their minds, while somatically experiencing the power, strength, and often the pleasure of the act of self-protection.

When fight or flight is not possible, **freeze** (collapse, shutting down) may be the best option for the organism. The freeze response is generally involuntary, mediated by the reptilian brain. It mimics death, to fool the predator into losing interest and leaving. It is often a wise and legitimate defensive response, especially for those who are young, small, weak, or otherwise might provoke more violence or risk injury by trying to fight or flee.

Clinically, there can be a sense of urgency and irritation or of stillness in the room. Both client and therapist may get really tired from the energy expended to contain the frozen activation. The freeze state is likely to contain a lot of constriction and bound energy, which can then move quickly into dissociation.

The *clinical strategy* is to normalize the original need for the response; to help the client recognize the components of his or her particular freeze pattern; then to move through the immobility, while uncoupling the fear associated with it. Remember that in animals (and in people), freeze states are naturally time-limited, if permitted to run their course.

5) Completion and Discharge

When the protective and defensive responses are completed, the organism naturally moves to discharge, which comes out of the parasympathetic nervous system. Energy or residual activation that had been bound in the body or system is released. The person moves from contraction into expansion.

Discharge can show up as gentle shaking or trembling; heat, warmth, or sweating; tingling; a deep, involuntary breath; a sigh; sudden relaxation in an area of the body; burping or gurgling in the belly; softening of the viscera; an impulse to move or stretch; laughing or crying; even anger.

The autonomic nervous system is reset, and the organism can return to a state of easy “Exploratory Orienting.”

The full cycle can be **interrupted** in at least three ways:

- If we are overcome by the trauma before we can instigate the protective and defensive responses, i.e., before we can complete the sensory motor pattern.
- If we override, inhibit, ignore, avoid, or rationalize ourselves out of allowing the process to complete (or if someone else prohibits the completion).
- If we dissociate during moments of the event and are literally unaware that we have, in fact, survived.

By slowing down and moving through the sensory-motor experience of the interrupted parts of the cycle, our pre-threat ANS functioning is restored. Our body registers—through the felt sense—that the danger has passed.

It is useful, as therapists, to:

- remember the stages of the threat response cycle;
- be curious about where the client is “stuck” in the cycle;
- track, separate, slow down, stretch out the segments, so that what is unfinished can be completed; and
- be aware of what interferes with or complicates completion.

When the threat response cycle is successfully completed (perhaps dozens of times a day, in various degrees of intensity), the organism is able to return to a state of:

- relaxed alertness
- activation settled
- return to exploratory orienting
- openness, curiosity, creativity
- felt sense of safety
- willingness to reconnect and re-engage
- fuller emotional range
- expanded visual field
- sense of empowerment, mastery, and expansiveness
- pronking!

IV. Rediscovering Choice

Choices that are informed by paying careful attention to the cues of the body, by completing what’s left over from the past, and by orienting to the current internal and external environment—choices that can be experienced as a new, felt, experienced reality.

V. Working with Thresholds

Track the activation up to—but not past—the system’s capacity to stay present, so that the energy of the activation is utilized to move the system to something new.

Pitfalls to avoid:

1. Excess of inhibition
2. Failure of inhibition
3. Failure to complete deactivation

Adapted from the professional training in Somatic Experiencing®

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