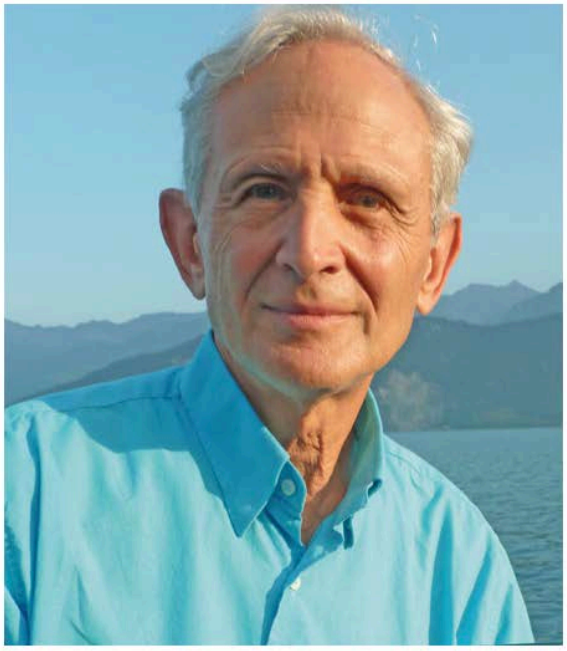

SOMATIC EXPERIENCING®

Definition of the topic: Bottom-up Processing

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Trauma affects brain, mind and body. However, the body often is neglected in the psychotherapy of trauma. SE teaches that *trauma is not caused by the event itself, but rather develops by the failure of the body, mind, spirit and nervous system to process extreme adverse events.* Many approaches to treating trauma aim to correct faulty cognitions and/or access and express emotional content. In contrast, the approach presented here, engages the "Living Body," through contacting primal sensations that support core autonomic self-regulation and coherence. Work at this level allows the Body to speak its mind. In doing this, the processing moves upwards from these core sensations, upwards, towards feeling/emotions and cognitions. This way both mind and body are given an equal place in an integrative and holistic treatment of trauma.

Historical Context

In the early 1970's, Somatic Experiencing (SE) was developed by Dr. Peter A. Levine, a biophysicist and stress researcher who received his doctorate in Medical Biophysics from UC Berkeley in 1977 and then in Psychology from International University in 1979. Levine's clinical work began in the late 1960's

with a private practice focusing on mind/body awareness and stress reduction. He refined his techniques to specifically engage our innate capacity to rebound from exposure to life threat and in response to overwhelming events. As an ardent student of naturalistic animal behavior (ethology) he recognized that *animals in the wild* exhibited an apparent immunity to becoming traumatized. Combining this understanding with his studies of comparative neurophysiology, Levine realized that, as part of the animal kingdom, we utilize the same parts of the brain to mediate survival instincts and behaviors. He reasoned that the human animal, should therefore also exhibit the same capacity to rebound from threatening encounters. Through mind/body awareness, Somatic Experiencing evolved to help people tap into the same innate resilience. Levine's work has been applied to many kinds of trauma including motor vehicle and other accidents, molestation, rape, invasive medical procedures, war trauma, natural disasters, torture, as well as to developmental and perinatal stress. In recognition for his landmark work in developing Somatic Experiencing, Levine received the 2010 Lifetime Achievement Award from the US Association of Body Oriented Psychotherapy as well a similar award from the Reiss-Davis Child Study Center for his contribution to infant and child psychiatry (2011). Somatic Experiencing® is taught worldwide and provides effective skills appropriate to a variety of healing professions including: *mental health, medicine, physical and occupational therapies, bodywork, addiction treatment, education, as well as community leadership*. For information see:

www.traumahealing.com and www.SomaticExperiencing.com

Theoretical Underpinnings

SOMATIC EXPERIENCING® (**SE**) is a body awareness oriented, "bottom-up," approach for the treatment for stress and trauma. It is a naturalistic, psycho-biological method for resolving trauma symptoms and relieving chronic stress by re-establishing Core Autonomic Nervous System Regulation. This approach helps to build resilience and enhances the individual's capacity *to have new empowered bodily (interoceptive) experiences, those that contradict the previous traumatic ones of fear, overwhelm and helplessness.* In addition, the SE approach releases traumatic shock, a key to transforming PTSD and the wounds of emotional and early developmental attachment trauma. SE offers a framework to assess where a person is "stuck" in the fight, flight, freeze, or collapse responses, and provides clinical tools to resolve these fixated psycho-physiological triggers.

When acutely threatened, we mobilize vast energies to protect and defend ourselves. We duck, dodge, twist, stiffen and retract. Our muscles contract to fight or flee. However, if our actions are ineffective, we freeze or collapse. This "last ditch" innate defense of shutdown, when observed in animals, is called tonic immobility and is meant to be a temporary state of paralysis. A wild animal exhibiting this acute physiological shock reaction will either be eaten, or if spared, resume life as before its brush with death.

Humans, in contrast to other animals, frequently remain stuck in a kind of limbo, not fully reengaging in life after experiencing threat as over- whelming

terror or horror. In addition, they exhibit a propensity for freezing in situations where a non-traumatized individual might only sense danger or even feel some excitement. Rather than being a last- ditch reaction to inescapable threat, paralysis becomes a “default” response to a wide variety of situations in which one’s feelings are highly aroused. For example, the arousal of sex may turn unexpectedly from excitement to frigidity, revulsion or avoidance.

Although humans are also designed to rebound from high-intensity survival states, we also have the problematic neocortical ability to override the natural regulation. Through rationalizations, judgments, shame, enculturation, and fear of our body sensations, we are able to disrupt our innate capacity to self-regulate, essentially “recycling” disabling terror and helplessness. If the nervous system does not reset after an overwhelming experience, sleep, cardiovascular, digestion, respiration and immune system function become disturbed. Unresolved physiological distress can also lead to an array of cognitive, emotional and behavioral symptoms.

Major Concepts

SE facilitates the completion of self-protective motor responses and the release of thwarted survival energy bound in the body, thus addressing the root cause of trauma symptoms. This is approached by *gently guiding clients to develop increasing tolerance for difficult bodily sensations and suppressed emotions.*

It is critical to resolve the biological shock reactions and then, secondarily, process related emotions, perceptions and cognitions. This entails bringing the client out of immobility and into the active empowered defensive responses which were previously lacking at the time of the traumatic experience. Another key concept in Somatic Experiencing is to not retraumatize the client by exposing the individual's experience too rapidly or too intensely. To do this, the therapist must accurately track the client's inner experience. **SIBAM** is a map which allows t therapist to join with client's as a means of following and mapping the clients inner experience. It details the *experiential channels* of **S**ensation (Internal-Interoceptive), **I**mage, **B**ehavior (both voluntary and involuntary), **A**ffect (feelings and emotions) and **M**eaning (including old/traumatic beliefs and new understandings). Being able to track the client's channel allows you to use the appropriate language. For example, to respond to the thought: "I am a bad person" an appropriate response might be "oh, so you have the thought that you are a bad person," i.e. normalizing that this is a (potentially neutral) observation and then reflection: "where in your body to notice that?"

Somatic Experiencing® catalyzes *corrective bodily experiences* that contradict those of fear and helplessness while resetting the nervous system, restoring inner balance, enhancing resilience to stress, and increasing people's vitality, equanimity and capacity to actively engage in life. SE does not require the traumatized person to re-tell or re-live the traumatic event. Instead, it offers the opportunity to engage, complete and resolve -- in a slow and gradual way -- the body's fight, flight, freeze and collapse instinctual responses. Individuals

locked in anxiety or rage, relax into a growing sense of peace and safety. Those stuck in depression, gradually experience their feelings of hopelessness and numbness transformed into empowerment and mastery.

Techniques

When working with traumatic reactions, such as states of intense fear, Somatic Experiencing® provides therapists with nine essential building blocks. In therapy sessions, these steps are intertwined and dependent upon one another and may be accessed repeatedly and in any order. However, if this psychobiological process is to be built on firm ground, Steps 1, 2 and 3 must occur first and must follow sequentially. Thus, the therapist needs to:

1. Establish an environment of relative safety.-- The therapist must help to create an atmosphere that conveys refuge, hope and possibility. For traumatized individuals, this can be a delicate task.
2. Support initial exploration and acceptance of sensation.-- Traumatized individuals have lost both their way in the world and the vital guidance of their inner promptings. Cut off from the primal sensations, instincts and feelings arising from the interior of their bodies, they are unable to orient to the “here and now.” Therapists must be able to help clients navigate the labyrinth of trauma by helping them find their way home to their bodily sensations and capacity to self-soothe.
3. Establish “pendulation” and containment: the innate power of rhythm.

While trauma is about being frozen or stuck, pendulation is about the innate organismic rhythm of contraction and expansion. It is, in other words, about getting unstuck by knowing (sensing from the inside), perhaps for the first time, that no matter how horrible one is feeling, those feelings can and will change.

4. Titration is about carefully touching into the smallest “drop” of survival-based arousal, which increases stability, resilience and organization and prevents re-traumatization.

5. Replacing Passive with Active Responses.---This provide a corrective experience by supplanting the passive responses of collapse and helplessness with active, empowered, defensive responses.

6. Uncoupling fear from immobility.-- Separate or “uncouple” the conditioned association of fear and helplessness from the (normally time-limited but now maladaptive) biological immobility response….the “physio-logical” ability to go into, and then come out of, the innate (hard-wired) immobility response is the key both to avoiding the prolonged debilitating effects of trauma and to healing even entrenched symptoms.

7. Resolve hyperarousal states by gently guiding the “discharge” and redistribution of the vast survival energy mobilized for life- preserving action while freeing that energy to support higher- level brain functioning. As one’s passive responses are replaced by active ones in the exit from immobility, a particular physiological process occurs: one experiences waves of gentle involuntary shaking and trembling, followed by spontaneous changes in breathing—from tight and shallow to deep and relaxed.

8. Engage self-regulation to restore “dynamic equilibrium” and relaxed alertness.--- A direct consequence of discharge of the survival energy mobilized for fight-or-flight is the restoration of equilibrium and balance.

9. Orient to the here and now, contact the environment and reestablish the capacity for social engagement. --- Trauma could appropriately be called a disorder in one’s capacity to be grounded in present, here-and-now, time and to engage, appropriately, with other human beings.

Therapeutic Process

Just as she did every morning at work, Sharon was reading over her emails. It was a crisp, clear New York autumn day. Startled by a thunderous, deafening crash, she turned to witness the walls in her office moving twenty feet in her direction. Though Sharon was mobilized, immediately, springing to her feet and readying to flee for her life, she was slowly and methodically led down 80 floors via stairwells filled with the suffocating, acrid smell of burning jet fuel and debris. After finally reaching the mezzanine in the north tower of the World Trade Center one hour and twenty minutes later, the south tower suddenly collapsed. The shock waves lifted Sharon into the air, throwing her, violently, on top of a crushed bloody body. An off-duty police detective discovered her, dazed and disoriented, atop the dead man. He helped her find her way out of the wreckage and away from the site, through absolutely thick, pitch blackness.

In the weeks following her miraculous survival, a dense yellow fog enveloped her in a deadening numbness. Sharon felt indifferent by day; merely

going through the motions of living with little passion, direction or pleasure. Just a week before she had loved classical music; now “it no longer interested her…she couldn’t stand listening to it”. Numb most of the time, sleep became her enemy; at night she was awakened by her own screaming and sobbing. For the first time in her life, this once highly motivated executive could not imagine a future for herself; terror had become the organizing principle of her life.

Almost before I had introduced myself, she began talking about the horrors of the event, blandly, as though it had happened to someone else.

I noticed a slight, expansive gesture made by Sharon’s arms and hands.. Sharon’s body was telling another story, *a* story that was hidden from her mind. I ask her to put her verbal narrative aside for the moment and to place her attention, instead, on the nascent message her hands are communicating to both of us. Perplexed at first, Sharon describes the gesture as though she is “holding something”. Unexpectedly, a fleeting image of the Hudson River appears in her mind’s eye, the daily view from the living room in her apartment across the river from Manhattan.

Jumping back to the narrative story, Sharon becomes agitated as she tells me how she is haunted, re-visited, by the smoldering smoke plumes which she now sees every day from this same window. They evoke the horribly acrid smells from that day; she feels a burning in her nostrils. Rather than letting her go on “reliving” the traumatic intrusion, I firmly contain and coax her to continue focusing on the sensations of her arm movements. A spontaneous image *emerges*, one of boats moving on the river. They convey to her a comforting

sense of timelessness, movement and flow. "You can destroy the buildings but you can't drain the Hudson", she pronounces softly. Then, rather than going on with the horrifying details of the event, she surprises herself by describing *(and feeling)* how beautiful it had been when she had set out for work on that "perfect autumn morning."

As Sharon holds the images of the Hudson River, along with the associated body sensations, she becomes aware of a sense of relief. She now innocently recalls how she had been excited to come to work that day. Continued attention to stimulate an almost playful curiosity. As she looks quizzically at her hands, first one then the other; we both breathe a sigh of relief. Sharon can now begin to stand back and" simply" observe these difficult, uncomfortable, *physical* sensations and images without becoming overwhelmed by them.

When the first plane hit the building, only ten stories above her office, the explosion sent a shock wave of terror through her body. Sharon needed to inhibit the primal urge to run and walk in an orderly line down the stairs along with dozens of other terrified individuals; this was the case, even though her body was "adrenaline-charged" to run at full throttle. In following her "body story," islands of safety" are beginning to form in Sharon's stormy trauma sea. As she attends to this "felt sense," she becomes aware of an overall feeling of agitation in her legs and arms and tight "lumps" in her gut and throat. In suspending the compulsion for understanding, she experiences a sudden "burst of energy coming from deep inside my belly." Does it have a color I ask? "Yes

it's red, bright red, like a fire." Though, visibly startled by its intensity, she does not recoil from its potency. Her experience shifts into (what she recognized as) a strong urge to run, concentrated in her legs and arms. She feels this as a release of energy.

When she eventually reached the mezzanine, the south tower collapsed and she was thrown violently into the air. Finally, there was the stark horror of finding herself lying semiconscious on a dead body. With the new resources she has gained, Sharon is now able to process the emotional reality of this horror.

Sharon no longer felt trapped in the anguish of the event; it began to recede to the past where it belonged. It was now possible to travel on the subway to hear her favorite music at Lincoln Center. A new and different meaning for her life arose out of a new and different experience at the instinctual bodily level.

See: Posttraumatic Stress Disorder Therapies; Mindfulness-Based Stress Reduction.

Further Readings:

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