



# SOMATIC EXPERIENCING®

# INTERMEDIATE YEAR

## Module 3

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# NATURAL AND MAN- MADE DISASTERS

# Natural and Man-Made Disasters

## Additional Sub-Categories include:

- Natural Disasters
- Horror
- Torture, Ritual Abuse, War

## General Overview

is category includes events that are beyond human control, such as earthquakes, tornadoes, floods, and social dislocation from the natural world and one's community. It also includes events that are beyond an individual's control, such as war or terrorism, which result in the same kind of fear and dislocation at both a community and individual level.

## Sub-Categories of Natural and Man-made Disasters

### Natural Disasters

- Earthquakes
- Tsunamis
- Volcanic eruptions
- Floods
- Epidemics
- Hurricanes and strong winds
- Storms
- Lightning
- Fires
- Landslides
- Droughts

### Overview

In working with natural disasters, we encounter the strength of nature—a power before which we as human beings tend to feel small and insignificant. This can bring up a primeval layer of rage and terror. One of the primary characteristics of events that produce trauma is the sense of overwhelming helplessness they provoke. In the face of the potency of the forces of nature, helplessness is almost certain.

### Primary Characteristics and Hallmarks

- The unifying theme in this category is the lack of personal control over life-threatening events .
- Because of the nature of the events that fall into this category, there is often social dislocation, loss of community connection, and loss of the normal support networks that provide essential physical emotional and safety nets.
- Life is often distilled down to the most basic survival needs: how to acquire food, water, shelter, and protection from physical harm.

## Primary Characteristics and Hallmarks–Natural Disasters

- Natural disasters can bring up a sense of betrayal and broken connections with the divine and with nature.
  - Making peace with God(ess) or nature can be an important part of this renegotiation.
- Because they are manifestations of nature, natural disasters evoke a strong degree of instinctive response.
- The “meaning” element of SIBAM is an important part of renegotiating natural disasters.
  - The meaning that the client assigns to what happened can either deepen the trauma or heal it.
  - Exploring the questions “why me?”, “why this?”, “why now?” can be important.
    - The mythical dimension can be an important resource in revealing the healing answers to these questions.
  - Remember that the meaning level of SIBAM tends to transform once the underlying activation gets resolved.
- When a natural disaster occurs, people may have their homes destroyed, and might have to live in group shelters for a while. This can sometimes be a very healing experience.
  - People help each other, and human warmth comes to the fore.
  - One of the things that is lost in many types of trauma is a sense of connection. In shelters, people often connect with each other; in this connection, faith is restored, and the trauma begins to heal.
  - Telling one’s story in a community where one is met with compassion helps to reframe the significance of the trauma.
- People who experience traumas associated with natural disasters frequently have a component of survivor guilt. It is good to be aware of this, and at the appropriate moment, give the client the opportunity to work with it. (See information on page 13.7 on working with Survivor Guilt.)

## Working with Trauma from Natural Disasters

- As you work with traumas related to natural disasters, incomplete orienting and defensive responses will vary according to the situation in which the client found himself.
- **Orienting to the danger** is usually a relatively safe place to start—as long as you take it slowly—and helps restore the orienting response and resource the client for the rest of the work.

- **Active defensive responses**—help the client to find and complete them.
- **Failure of active defensive responses**—if the client got that far.
- **Freezing/dissociation** - This is usually the deepest point of the trauma vortex.
- **Occurrences after the traumatic event.** This can be a source of great resource or further traumatization, depending on the situation that the client experienced. It is always good to have a general idea of what happened here before starting the renegotiation.

## **Trauma First Aid After a Natural Disaster**

*(Based on the article "Emotional First Aid" by Peter Levine and Gina Ross)*

- Seek out the support and help of family, friends, and community.
- Try to avoid watching repeated, horrible images on television. Turn on the TV just long enough to get the necessary information, and then turn it off again. Watching scenes of suffering and horror will deepen states of traumatic shock and freezing.
- Tell your story or express yourself in some way. In addition to speaking, you can also write or use other artistic channels of expression.
  - When you tell your own story, or when you listen to someone else tell his story, avoid letting the telling become a repetitive, compulsive activity. It can be very helpful to tell a story with interruptions, questions, and time for reflecting, to break up the sense of urgency and haste to retell the story (which is a form of traumatic reenactment), and to elaborate the deep and real sentiments that can emerge from sharing what happened with interested and compassionate listeners.
- Know that it is normal for natural disasters to shake up our sense of security and trust in the world, and to bring up other unresolved traumas. Before addressing the earlier traumas that may appear at this time, it is first important to stabilize from what just happened.
- If you have spiritual beliefs, now is a good time to reconnect with and practice them.

## **Horror**

### **General Overview**

This category includes experiences in which someone has witnessed, or been a party to, horrifying events: seeing an accident, especially with blood and gore; watching someone else be abused, raped or killed; killing or hurting someone yourself.

## Key Defenses and Coping Strategies - Horror

Wanting to escape from horror while often simultaneously having a strong urge to help and protect those being harmed will typically trigger strong physical protective urges. Feeling relieved that one has escaped harm, with a sense that one's personal safety came at the expense of others, will often produce survivor guilt, strong identification with feelings of helplessness, as well as feelings of impotent rage at perpetrators. Such feelings will sometimes be turned inward as a result of not being able to stop the harm from happening to others.

## Common Symptoms - Horror

- Constriction in eyes, shoulders, back muscles; spine braced; mouth open.
- Low heart rate and low blood pressure.
- Survivor guilt.
- Helplessness and rage strongly coupled.
- Freeze state is often quite strong.

## Working with Horror

- Acknowledge that they've witnessed something terrible, that they can pass through it, and that you will be there.
- Help the client move out of identification with helplessness.
- Help the client move physical symptoms along by giving feedback about their physiological process as they begin to come out of the strong states associated with this category. Help them understand that this is a process, not a static state.
- Break the overall experience into small elements in order to reduce overwhelm.
- Work with survivor guilt, along with their passion for being alive (see more below).
- Work through the contradictory survival responses (self-preservation vs. protection of others) as they are patterned in the body. This will most commonly take the form of working to complete each set of defensive responses – those toward self-protection, and those toward protection of others.

### Primary Characteristics and Hallmarks-Horror

The characteristics of this type of trauma are very primal and instinctive, and often include strong, almost animal-like reactions and responses. These sometimes mutually exclusive urges of self-protection and protection of others can produce agonizing survival dilemmas.

## Survivor Guilt

Survivor guilt can occur in traumatic situations where some people live and others die, or are hurt. The resource to be found and supported in survivor's guilt is the intense desire to live and stay alive.

The root of survivor's guilt lies in the conflict between two different, but natural, impulses toward survival:

When someone who is close to me or near me dies or is injured, I too feel the presence and the possibility of death. The inevitability of my own death becomes more real to me.

- Faced with death, my impulse toward self-preservation says “better him than me.” We are biologically programmed to do whatever is necessary to stay alive.
- At the same time, my impulse toward helping others survive may push me toward risking my own survival in order to save others.

Survivor guilt resides in the conflict between these two impulses, and the denial of one of them—usually the side that thinks “better him than me”.

### **Working with Survivor Guilt**

- The first step is to help this conflict come to the surface.
- When the client is able to experience the conflict, a series of intense emotions usually surface, which, when allowed to discharge, frequently lead to resolution.
- Completion of contradictory protective urges – first one, then the other – will often break the dilemma of wanting to help others, but also being pulled toward self-preservation.
- Help the client normalize these completely natural impulses.
- The intensity of the dilemma faced at the time of the trauma will sometimes have paralyzed the client into inaction (neither taking action toward self-preservation, nor action to help others). Completion of the incomplete responses bound in each version of action will unlock the paralysis of indecision.
- Once the strong conflicting emotions of survivor guilt have reached some resolution, the client's physiology will be much more available to discharge the traumatic activation.





# TORTURE, RITUAL ABUSE, WAR

## Torture, Ritual Abuse, War

### General Overview

This category includes situations in which a person must confront the experience that humans may actively intend each other harm, and will act on those intentions. A person who has been subjected to these types of traumatic events has direct personal experience of the darkest sides of human nature. The types of events that fit in this category include: war and war-related torture; repeated rape in war; concentration camps; repeated abuse in a ritualized atmosphere, often with the person being drugged.

### Key Defenses and Coping Mechanisms

Key defensive strategies, such as dissociation and isolation, will also become the persistent symptoms following the trauma. Since attempts at escape or defense would likely have made the abuse worse, active defensive responses will have been consciously repressed; instead, key defenses will involve attempts at controlling or limiting the abuse as much as possible. Isolating oneself from others, trusting no one, focusing just on surviving, and conformity in behavior are all frequently seen in this category.



*"The methods of establishing control over another person are based upon the systematic, repetitive infliction of psychological trauma. They are the organized techniques of disempowerment and disconnection. Methods of psychological control are designed to instill terror and helplessness and to destroy the victim's sense of self in relation to others."*

—Judith Herman, M.D.,  
Trauma and Recovery, page 77.

### Primary Characteristics and Hallmarks

The person who has experienced the abuse has direct confirmation in their experience that they should not trust others, that the world is a dangerous place, and that life can change dramatically in an instant. The goal of some of the events in this category, such as torture, is to cause the very symptoms with which the client presents, so their physiological and emotional responses and symptoms will often be deeply entrenched.

## Common Symptoms

- Dissociation is common, as are altered states (induced by drugs used during the torture or abuse), which are coupled to the dissociation.
- Extreme helplessness; severe broken connection; a sense that “God does not exist”; existential crisis.
- Lack of trust in others; feeling that no one can be relied upon, and that one must do everything alone.
- Crisis of faith, lack of faith in humanity or spirituality.
- Belief that the world is a dangerous, evil place. It's never safe, even if on the surface it seems so. Others always intend harm; others can turn against them in an instant.
- Interpret benign or helpful intentions as intentions to do harm.
- Confusion in reading social situations and facial expressions (social engagement system is disrupted). Interprets social interactions in the most negative way possible.
- Cannot trust own feelings/sensations – cannot interpret danger/safety accurately. Felt sense is often corrupted – weird smells, sensitive to sounds.
- Fight/flight very frozen, with no place to go, but person may act them out through suicide attempts, violence, drinking stupors.

## Working with Torture, Ritual Abuse, War

- Deprogramming (with torture), to show them that the world works; that there can be people you can count on.
- Reinforce natural rhythms, which are disrupted in these types of situations, sometimes purposefully as a method of torture or abuse.



*“Sharing the traumatic experience with others is a precondition for the restitution of a sense of a meaningful world. In this process, the survivor seeks assistance not only from those closest to her but also from the wider community. The response of the community has a powerful influence on the ultimate resolution of the trauma. Restoration of the breach between the traumatized person and the community depends, first, upon public acknowledgement of the traumatic event, and second, upon some form of community action. Once it is publicly recognized that a person has been harmed, the community must take action to assign responsibility for the harm and to repair the injury. These two responses – recognition and restitution – are necessary to rebuild the survivor’s sense of order and justice.”*

—Judith Herman, M.D.,

- Work with the physiology to reestablish continuity and coherence in the felt sense.
- It takes a long time to reestablish trust. It's important to help the client understand that humans will inevitably let each other down – this does not mean that they cannot be trusted.
- Remind the client frequently of what happened when things ended, like a particular battle or day.
- Move things along in time – sequence the steps of when it ended, when they escaped to (relative) safety, and finally to being home when it was over.
- Help them notice when they were far away from the scene and safe. Who was the first person they came in contact with when they felt relatively safe? Contrast: safe now, not safe then.
- Help the client re-learn appropriate social cues and social interactions. They might need a lot of help relearning the meaning of normal social interactions, language, and facial expressions. Congruence in these cues was often lacking for extended periods of time.
- Help the client re-form appropriate boundaries.
- Help the client normalize being able to say yes or no. This can be as simple as having them notice that it's okay to have preferences: for example, in room temperature; for which chair they use, for different body positions. Begin with either/or decisions that are as neutral as possible.



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# EMOTIONAL TRAUMA

# Emotional Trauma

## General Overview

In this category, the developmental themes related to such issues as neglect or abuse become so severe that they are experienced as potentially life threatening. When the child is unable to integrate developmental disturbances or challenges, the body ego begins to lose important functional areas, which impedes future growth. The sensorial field becomes reduced or divided, and this key system of integration will be inhibited. Developmental and shock trauma directly affect the processes of the body as well as the formation of the body ego. Examples are: ongoing physical or sexual abuse, abandonment, and severe neglect (physical or emotional). Also included in this category is severe loss, such as the sudden death of a loved one.

## Key Defensive Impulses and Coping Mechanisms

The key defenses in this category are primarily emotional in nature: dissociation, chronic anger/rage, helplessness, distancing in relationship. When neglect or abuse has been physical, there will also be associated physical responses (gestures of defense, physical disconnection from sensation).

## Common Symptoms

- Lack of contact with self, low self worth, sense of helplessness, fear of abandonment, impulse control problems, personality disorders, poor boundaries, insecure attachment issues, problems with immune system, allergies, depression, suicide attempts, sexualized intimacy.
- From an SE perspective, we're curious how these emotional situations disorganize the physiology.
- Emotions may be excessive and unbearable; the person is stuck in suffering. Or, feelings may be absent, missing, disowned, and there might be an array of physical symptoms.
- Sometimes these states will emerge after many years of being high functioning, then in middle age, or after a seemingly small accident, the symptoms come fully to the surface.

## Working with Emotional Trauma

- It is important to stay within your scope of practice in working with this category. Body therapists will most typically be working with this category in a

### Primary Characteristics and Hallmarks

- Therapeutic work is primarily long-term.
- Developmental and characterological aspects are important.
- Primary focus is developmental, with work with activation and traumatic symptoms as they emerge out of the developmental "field".
- Almost everyone has had some form of at least mild neglect; but in this category, the person is in the shock state, which must be worked from both a trauma and developmental perspective.
- The activation is in the sensory-motor level. It needs to be renegotiated here, with bridges to other levels.
- Developmental trauma is relationship trauma.

support role for the primary psychotherapy that should also be taking place.

- Move between developmental stages and the resources of the present; don't go into regression.
- If the shock happened early, there's likely to be GHIA. The system becomes dysregulated, hyper-reactive, and stays in a state of alert.
- With early emotional trauma, there needs to be special attention paid to accurately reflecting emotions, helping the client build the capacity to sense feelings, and learn to label and appropriately express them, all while keeping the physiology in your awareness.
- Watch for traumatic transference and countertransference.
- Set clear boundaries, don't merge.
- Watch for re-enactment in therapy.
- If there were specific events, work with the event and track for defensive and orienting responses, discharge the shock, then repair the developmental need.
- Work toward an integrated experience of self through the felt sense.
- Keep in touch with adult self, adult physiology, and resources.
- Develop support system outside of therapy- other than you.

## Shame

- Shame is a mammalian socialization mechanism that is designed to be short-lived. It functions to shape appropriate social behavior, and to prevent harm to self and others. In this context, it is a functional mechanism. It develops more fully around the age of four, but there are aspects that are present earlier.
- There's a strong emotional and physiological shame response that often corresponds with specific bodily postures. Dr. Peter Levine believes that children who get shamed a lot are more vulnerable to traumatization, because their bodies are primed to register it.
- Shame is shaped by those closest to us and by those we love. It is shame that controls the abused child, and keeps him from telling about the abuse.
- Shame and humiliation are characteristics of many types of trauma, and are often an extension of the helplessness at the root of trauma. Commonly, the client judges herself for natural responses, or for events that were beyond her control, or due to inaccurate meaning-making about the event.
- Rather than probing for shame, simply work with it when it arises on its own in a session, and try to be indirect by focusing on the body configurations, versus the meanings and affect.
- Shame appears to have a strong parasympathetic component. In a shame collapse, the heart rate lowers.
- Working with empowerment and re-establishing defensive responses, helps to work through the shame. The more powerful someone feels in their body, the less shame they tend to feel.
- Track shame through sensations and body postures, and it will naturally begin to change. Shifts will occur when clients experience that they couldn't have done anything differently at the time

because they were overwhelmed. Often their sense of resignation will move into a healthy defensive response, and can then re-couple into numbness. Help them move between these states.

- The goal is to help them to experience their own sensations without judgment.





# STUDENT SELF- ASSESSMENT QUESTIONNAIRE

# Student Self-Assessment Questionnaire

## Intermediate: Module 3

This self-assessment questionnaire is intended as a review of the concepts and practical skills covered in each module, and as guidance for focusing your consultation sessions, and review questions of faculty in future modules. The concepts and skills listed below are those that you are expected to have learned in this module. For each of the listed skills or concepts, if you do not have at least a basic understanding, or feel at least somewhat proficient in being able to apply those skills, you should consider focusing more specifically on those topics in your consultations with faculty or approved consultation providers. Each module builds upon the knowledge gained in previous modules, so any gaps in your understanding will only make future material more challenging to learn.

You may want to return to the questionnaires for previous modules as you progress in the training, since your understanding of basic concepts will change as you gain in experience.

PART 1					
Circle one of the numbers on the scale to indicate your depth of understanding of each of the concepts listed below.					
	Don't Understand	Still Unclear on Some Aspects	Basic Understanding	Good Understanding	Understand Well
<b>Natural and Man-Made Disasters</b>					
The primary characteristics and hallmarks of this category	1	2	3	4	5
The basics of working with natural disasters	1	2	3	4	5
The basics of working with horror	1	2	3	4	5
The basics of working with torture, ritual abuse, war	1	2	3	4	5
The basics of working with survivor guilt	1	2	3	4	5
<b>Emotional Trauma</b>					
The primary characteristics and hallmarks of this category	1	2	3	4	5
The key defensive impulses and typical coping mechanisms of this category	1	2	3	4	5
The common symptoms for this category	1	2	3	4	5
The basics of working with emotional trauma	1	2	3	4	5
The basics of working with shame	1	2	3	4	5
Other _____	1	2	3	4	5

## PART 2

Circle one of the numbers on the scale to indicate how proficient you feel about being able to apply each of the skills or concepts listed below.

	Not at all Proficient	Lacking Proficiency	In the Middle	Somewhat Proficient	Very Proficient
Have a beginning ability to recognize indicators for each category in the module:					
Natural and man-made disasters	1	2	3	4	5
Emotional trauma	1	2	3	4	5
Have a beginning ability to make appropriate interventions for each category in the module	1	2	3	4	5
Ability to support incomplete responses for natural and man-made disasters:	1	2	3	4	5
Natural disasters	1	2	3	4	5
Horror	1	2	3	4	5
Torture, ritual abuse, ware	1	2	3	4	5
Ability to support incomplete responses for emotional trauma	1	2	3	4	5
Other _____	1	2	3	4	5

## PART 3

Based on your responses above, on what areas would you like to focus during consultations?  
(These, of course, do not have to be the only areas on which you will work in consultations.)

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