SOMATIC EXPERIENCING®

ADVANCED YEAR

Module 2

SOMATIC EXPERIENCING® INTERNATIONAL

CONTENTS

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COHERENCE AND SE TOUCH

Coherence and SE Touch

In the Advanced 2 module, we will focus more specifically on the use of touch to access some of the deepest shock states held in the body. While we will be focusing on specific physical systems (joints, body diaphragms and viscera), the overall themes for this module continue to be coherence and containment, since they are the guiding principles we use when working with the most severe states of physiological dysregulation.

The focus of SE touch work is different than that of other touch modalities. SE touch focuses on the support of coherence, and on building capacity for containment, rather than on physical repair. SE touch work uses the same SE methods that we have studied to this point in the training: titration, pendulation, restoration of self-regulation, uncoupling fear from immobility, completion of incomplete responses, and so forth. However, these essential SE methods are applied in a different way when working with very deep shock states. Language is sometimes inadequate to access these states. In order for deep reorganization to take place, the tissue states and physical patterns associated with the shock states need to be addressed directly, and the most efficient way to do so is often through touch.

Coherence indicates positive cooperation within a system and

"As a dynamic marker of load, HRV appears to be sensitive and responsive to acute stress…As a marker of cumulative wear and tear, HRV has also been shown to decline with the aging process…In short, HRV appears to be a marker of two processes, relevant to the conceptualization of allostatic load: (1) frequent activation (short term dips in HRV in response to acute stress); and (2) inadequate response (long-term vagal withdrawal, resulting in the over-activity of the counter-regulatory system – in this case, the sympathetic control of cardiac rhythm)…Several studies have now suggested a link between negative emotions (such as anxiety and hostility) and reduced HRV."]

— Heart Rate Variability, J.D. and C.T. MacArthur, from www.macses.ucsf.edu

"Skin and brain develop from exactly the same primitive cells. Depending upon how you look at it, the skin is the outer surface of the brain, or the brain is the deepest layer of the skin. Surface and innermost core spring from the same mother tissue, and throughout the life of the organism they function as a single unit, divisible only by dissection or analytical abstraction. Every touch initiates a variety of mental responses, and nowhere along the line can I draw a sharp distinction between a periphery which purely responds as opposed to a central nervous system which purely thinks. My tactile experience is just as central to my thought processes as are language skills or categories of logic."

— Job's Body, by Deane Juhan, page.35.

between systems. Organization and coherence most typically develop first within one system before moving across systems; organization within a single system can then provide support across multiple systems. For example, coherence might first build within the respiratory system, then bridge to the musculo-skeletal system. Working specifically with different body systems while focusing on building coherence provides more opportunity for this kind of transfer across systems. We don't care where coherence begins; any movement toward cooperative organization will move the system toward coherence.

"Still" states can indicate coherence, but they may also be hiding activation. To determine whether coherence or activation is present, notice the breath and tissue aliveness. When coherence is present, the breath is slow and deep, there is no bracing in the muscle system, the breath rhythm passes into all regions of the body in a steady and rhythmic way, and there is resonance between different body areas. When activation is present, the breath is rapid or constrained, tissues are braced or slack, the rhythmic wave of breath is not carried through different regions of the body, and there is disconnection between body regions.

These four main vectors give an indication of the degree of coherence within a system:

- Breath itself
- Relation of breath to muscle tension
- Relation of breath to heart rate
- Relation of breath to blood volume change, thermoregulation, HRV change (heart rate variability

As the ANS becomes more balanced, there is more VV involvement, more resilience, more clarity, and more sense of connection and purpose. When the heart and ANS are in a state of coherence, a coherent electromagnetic field is created.

The is field is very pronounced within 3 feet of the person, and extends 8-15 feet, touching others within it. This kind of coherence also appears within the person's brain waves (and the brain waves of those who are nearby), and works as an organizing system that ripples throughout the body, bringing other systems into coherence in turn: the brain, gut, and immune systems all align with the heart.

The more we experience internal alignment, the less likely we will be thrown off by external chaos; in fact, our internal alignment gives chaotic persons something to organize around, and they can use it to find resonant coherence within themselves. Through SE and SE touch, we are literally reaching the heart of the matter, the fundamental pattern of interconnection. The field is coherence, and we can learn to feel when we're in or out of it. So while we look at the breath and how other systems are responding to it (through shifts in heart rate, and the muscular and vascular systems), when we ultimately consider how various systems influence each other and synchronize, we are actually referring to something much bigger than simply breath and heart rate.

Finally, touch work can help remove the inhibitory tag that was placed on certain non-volitional response movements, and can thus restore responses that were missing or didn't get to develop. As a result of trauma, specific innate responses (including defensive) can be evaluated as "inadvisable movement" and tagged by the brain and body for inhibition. The organism doesn't do this rationally; it simply tags "Do not make that response." While the active inhibition "tag" is in place, the body no longer has the physiological choice to use those responses. Instead, under threat, the body may be forced to make choices and rely on responses that are not as useful. When we lose choice, we feel helpless. SE helps restore physiological choice in areas where trauma "locked up" the responses. Touch work can help re-establish these responses, and remove the "STOP" tag. This then restores the defensive (and other) responses, and the possibility for their future use.

Touch and Attention

Culturally, we tend to think that touch only has to do with where we place our hands. In fact, much of the client's awareness of our touch has to do with the placement of our attention as we touch. Clearly, we will not be directly touching tissues deep within the body, but we can contact those tissues with our awareness and attention. It is this placement of attention that will tend to focus our work more than the physical placement of our hands. It is more important to be fully present in your contact than it is to be anatomically correct in your hand placement. You will notice that some of the illustrations for working with joints are the same as for working with diaphragms. That's because in some cases it's only a matter of the 'practitioner's placement of focus that determines the difference.

The practice of placing your attention is as important as the practice of any other methods you are trying to learn. You will need to do it repeatedly before you become proficient at it; the more you practice, the better you will get, and the more accurate you will be.

- You should maintain internal awareness of yourself as the practitioner, and notice whether you are self-contained. If you are internally resourced by a felt sense of containment, you will bring this sense to your first contact, and you'll be in relationship with the person you're touching. Periodically move your attention inside and check what you notice, including any internal changes that may have happened through this experience.
- As you move your attention to your client, first notice, in a general way, the degree of coherence or lack of coherence in their system (wherever you are touching).
- It is recommended that you always begin touch in the following manner: make contact first with coherence and containment, instead of beginning to work on a specific area (joint, diaphragm, etc.).
- Be equally aware of how you withdraw your contact after you have done your specific touch work. Before withdrawing your hand, first move your attention back to a general contact with coherence. Then move your attention gently away from the client. Withdrawing your hand takes place as the last step in the process. You can also verbally check in with your client to find out if it's okay with them to withdraw your hand. If not, maintain contact for a few moments longer, then check in again. *The way you withdraw your contact is as important as the way you begin.*

- Where your attention is and what you're paying attention to are the most important things in the work you are doing. Your exact hand placement is not as important; don't focus too intently on the physicality. *Your placement of attention in relationship is what's important.*

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CONTAINMENT AND SE TOUCH

The concept of containment is central to SE work. It's important to revisit it, and continually work to understand it at a deeper level. SE is unique in how it conceptualizes and works with containment. In the SE model, containment is the increased capacity to expand to the inner pressure (of activation). One of our intentions in working with joints, diaphragms, and viscera is to support the increased capacity to contain high-energy states without losing stability. A simple way to understand this is that the same amount of charge or energy can feel like less energy if it is contained within a larger space.

Feelings get integrated as part of our schema as a natural part of living. In trauma, because the emotions are too strong, too threatening, or too energy robbing, they become fragmented, and lodge inside the experiential self. What allows these fragmented feelings to be integrated is when they can be contained. We help our clients "grow" their container to hold their experience. Our job as SE practitioners is to help our client's organism contain fragmented and difficult sensations, so that they can be sorted out and integrated. If an organ can relax into feeling, then the feelings it registers can lose their jaggedness. If diaphragms relax and cohere, the coherence serves as a container for feelings. The state of coherence is the vehicle that contains and transforms affect. Once a person taps into coherence, they can then start to integrate and assimilate their experience. With SE touch, we're working to deepen and expand the capacity to contain affect.

Containment allows a client to go through a succession of energy wells that would otherwise be overwhelming, or would overload their system. Physiological changes take place with increased containment; in other words, through touch, we can help reset complex physiological systems. Paradoxically, the emerging stability makes it feel safe and possible to go deeper into the trauma experience. As the body gets more organized, moving more deeply into the trauma vortex becomes less threatening.

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WHERE AND HOW TO BEGIN

Where and How to Begin

As in other aspects of SE sessions, using touch brings the question of where to start. In SE in general, we start at the periphery and move toward the core (of the trauma, of the body's responses, etc.). This general rule can also apply to touch work. However, the ultimate decision must be based on what is happening with a particular client. For example, if the client had a severe accident in which defensive responses were thwarted, and then rescue occurred but the client was restrained on a gurney on the way to the hospital, further thwarting attempts at self-protection, it's very likely that their joints will be highly charged with the bound energy of these thwarted responses. In that case, it might be best to begin your work with the diaphragms, then move out to the joints. In this case, in effect, the periphery of the body is holding the core of the trauma.

Conversely, if a high-charge state is held in the core (in the diaphragm system or viscera), it's best if there is flexibility and resilience at the periphery (the joints) before that charge begins to move. In this case, it would be important to work first with the joints, ensuring that the client has the capacity to mobilize survival responses, and that they have ease of movement in the periphery as it responds to the release of the bound energy at the core.

In the SE model, the diaphragm systems are seen as containers of affect (see section on Diaphragms for further detail). Most commonly, work with visceral systems (organs) is done only after diaphragm work. Working with traumatic shock states in the viscera is typically the deepest type of trauma work. It is important that the client's system be properly contained prior to doing this work. Resiliency in the diaphragm systems provides at least some measure of that containment.

In this module, we will first work with the joints, followed by the diaphragms, and then we will end with the visceral work. This can be considered a general guideline for the order of SE touch work, but in practice, you must base your decisions on the individual needs and capacities of each client.

Basic Guidelines For SE Touch

Whether or not you ever touch your clients, your ability to see, track, and intuit their experience will be profoundly enhanced by practicing the touch work presented in this training module. As stated earlier, SE touch is different than bodywork aimed at getting postural shifts and muscles to relax.
It is a different language, and it takes time to learn. Don't expect to be proficient at it right away. Psychotherapists might find SE touch work easier to learn, since they are not faced with “unlearning” a touch method, unlike bodyworkers. Whatever your background, as you learn this SE approach to touch, keep track of the client and what you're doing with them. The basic principles of SE still apply. You will be using familiar methods, just in a different context.

Even while doing touch work, you can continue the process of tracking sensation. Typically, you would not have the client track sensation continuously during a touch session, but you can have them give you

intermittent updates: *"If something captures your attention, let me know"*, or *"If you notice any sensation that gets your attention, please let me know about it"*. This helps you to know what's going on in them, and it keeps you oriented and updated in their process. If you feel lost, ask your client what he or she is noticing so you can re-orient to their process.

Get used to comparing notes, because what your client notices may be different than what you are noticing. *"What I'm noticing from the outside is _____, what is your experience from the inside?"* If the client is deeply connected to their internal state, or feeling something amazing, you won't want to "overdo it" with questions; instead, ask open-ended questions that invite exploration. Be careful not to short circuit something that's already in process. At the same time, you'll need to continue monitoring consistently enough to notice if the client is moving into a freeze state, rather than simply going more deeply into their internal awareness. They should be able to respond to your questions relatively easily, even when focused on their internal process. With touch work, as with chair work, we do not want our clients to become too sympathetically activated, or to dive into a dorsal vagal shutdown state.

If touching your clients is not an option in your practice setting, you can have the client do their own touch work. You can direct them in how to make the appropriate contact, and let them develop their own skills in monitoring their process via touch.

Getting Started

In SE touch we often start with a general contact as a way to make connection with the personal physical boundary of the client. The most typical location for this initial contact is with the shoulders (see Figures 1 and 2). Be aware of the person as a whole as you make this gentle contact; let them get used to your touch. This is also the time to gently experiment with what type of contact feels most comfortable for the client: light contact or a bit more firm; on the top of the shoulders or the sides; using just the fingertips or the entire hand. Now is also the time to quiet yourself and make sure you're at ease in your own body, and you're sitting in a comfortable position.

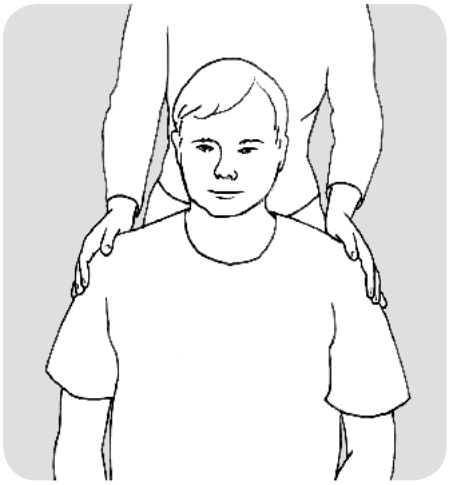

Figure 1
Contact with shoulders, client seated

Figure 2
Contact with shoulders, client lying down

As noted previously, you'll begin by noticing coherence in a general way. In the muscles, coherence feels like a gentle expansion and contraction in coordination with the breath. With every in and out breath, there is a slight "inflation", followed by slight "deflation" movements in the muscles, as though they were literally breathing. This movement can feel a bit like a wave, caused by both motor and vascular changes within the muscle in response to the breath. The muscle tissue "plumps" with the subtle changes in blood flow. A small relaxation of the muscle can increase blood flow, and a small muscle contraction can dramatically reduce blood flow.

If there is overcoupling, the muscles brace against the expansion of inhalation, and will slightly contract on the in breath. If there is undercoupling, the breath seems to disappear, and there is little movement with either inhalation or exhalation.

Certain areas of the body are more sensitive to, and more stimulated by, touch. In areas where critical physical structures lie near the surface of the body (i.e., blood vessels, major nerves, vital organs), the skin has more sensory nerve endings, and is thus more sensitive and responsive to tactile input. These most sensitive areas tend to be on the insides of the arms and legs, on the face and throat, and on the underside of major joints (armpits, back of knees, groin). When you want to limit possible over-stimulation of the nervous system, it is helpful to avoid touching these sensitive areas. The "back" side of the body (back of the arms, the back itself, back of the neck, back side of the hand, etc.) has skin that is less sensitive, so contact there is naturally more muffled.

Using a Chair vs. Table or Mat

The main reason to use a massage table for touch work is that it's much easier for the practitioner. A mat on the floor is a bit more awkward, but otherwise works just fine. In fact, in working with some categories of trauma that potentially include uncontrolled movements (such as falls), working on a mat or cushion on the floor is the safest way to start. Most SE touch work can be done in a chair, particularly a chair that can recline slightly. However, there are some client-centered reasons for choosing specific positions in which to work.

To determine whether SE touch work is to be done with the client seated or lying down, take into account what the client reports, and let your client choose which they prefer, if at all possible. Some clients find sitting in a chair activating. For example, it might remind them of the position they were in when they were in a car accident. For these clients, the table might be associated with the safety of a hospital gurney, and the sense of relief they felt when they were safe, and help was at hand. Even a psychotherapist who might not do touch work can still have a client lie down to get them out of a triggering position.

Other clients can experience high activation when lying down. Traumatic memories may be triggered in these clients associated with being on their back (abandoned on a hospital gurney, surgery, rape, etc.). It is usually best to at least begin your work with these clients seated. Some clients will become less activated if they know there's a time limit to how long they will be lying down (for example, 3-4 minutes).

In some sessions, the client might begin the session seated, then move to table work, and then finish with seated work again. Be open to creative ways to make your clients comfortable.

Attending to the Practice Environment

As with any SE session, you need to attend to the practice environment when doing touch work, or having the client lie down.

- If the client is lying down, try not to "loom" over them by standing near their head and looking down at them. This can trigger a "predator" warning in them; to their reptilian brain, you would appear to be a large, threatening object in their visual field. As much as possible, try to be seated when near their head.
- Also check how bright the overhead lights are for them, and make necessary adjustments so their transition to the table is as comfortable as possible. Give them time, and suggest they "*take time to get the sense of lying down".*
- Observe the client's breathing rhythm; often, it's not coherent when they first lie down. If the breath is normal, it indicates they made a relatively smooth transition to the table from being seated and talking.
- Use the table to resource clients in the same way you do with chair work. Suggest the client " *feel the table", " feel the table edges", " feel your body on the table", " feel your weight", " feel where you are on the table".*
- Some clients need a pillow placed under their knees to take the strain off their pelvis and pelvic diaphragm.

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SE MODEL: JOINTS

SE Model: Joints

In effect, the joints can be seen as miniature diaphragms, acting as containers of affect as well as regulators of the movement of energy states. In general, you will also work from the periphery to the core with joints.Thus, you will most typically begin with the wrist and ankle joints, then work toward the torso. However, this may vary depending on the specific needs of each client.

As you proceed, don't forget all the other SE skills you already know. You will continue to focus on titration, pendulation, monitoring of activation levels, completion of incomplete responses, uncoupling fear from immobility, and so on.

Not surprisingly, it is common when working with joints to focus on completing the incomplete survival and protective responses. The joints are tremendously enriched with sensory fibers. The proprioceptive nerves (proprio = self; ception = perception), which are typically clustered around the joints, provide us with information about where one part of our body is in relation to the others, and how fast the different parts of our body are moving. The brain has a very precise map of joint position; this supports accuracy in movement (i.e., touching our nose with our eyes closed). When we place our hands on a joint, we provide increased proprioceptive information, and invite coherence.

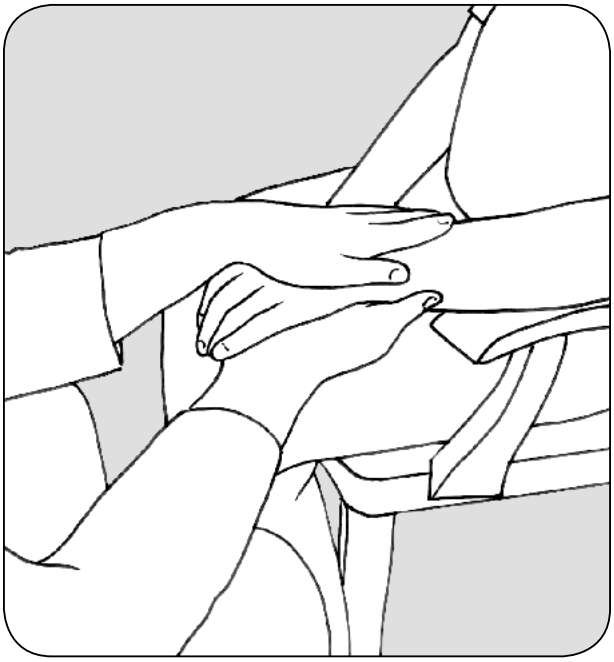


Figure 3
Contact with wrist, client seated

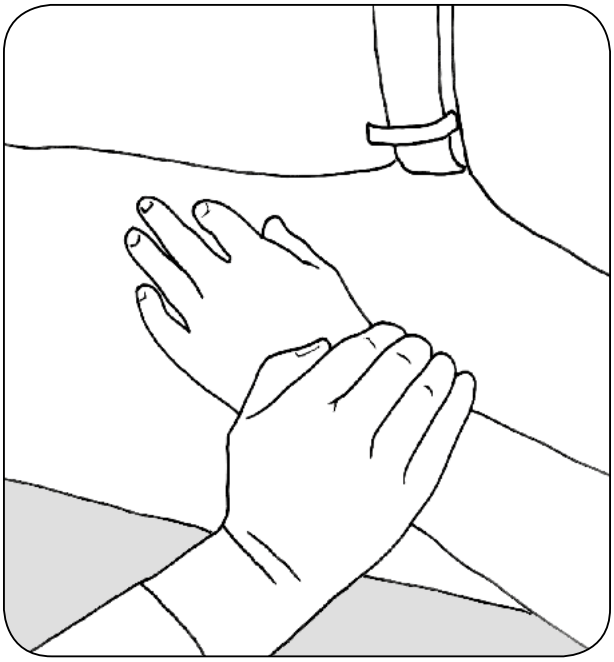


Figure 4
Contact with wrist, client lying down

Joints can hold a tremendous amount of bound energy, and they can be the primary repository of incomplete survival responses. We work with joints to access the disorganized states of competing and contradictory attempts at self-protection, as well as the high levels of ANS energy associated with these survival responses.

For example, during a high impact accident, there is not just one force the body responds to; instead, there is often an initial force and bodily reaction that is followed by subsequent forces and reactions (think of a car hit from behind and thrown into a spin). With each jolt, there is a muscle reaction; the muscle reaction itself can create a new forceful jolt. Within the split seconds of an accident, there can be many forces and many reactions, each impacting the joints.

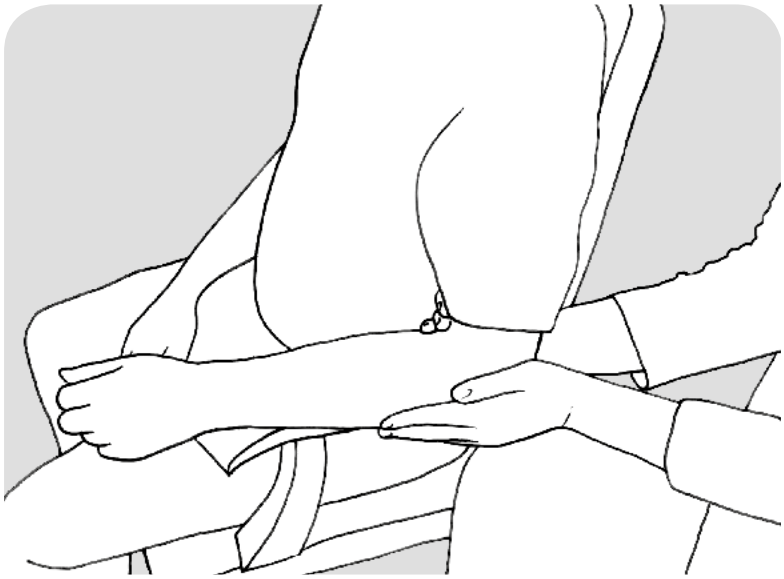


Figure 5
Contact with elbow, client seated

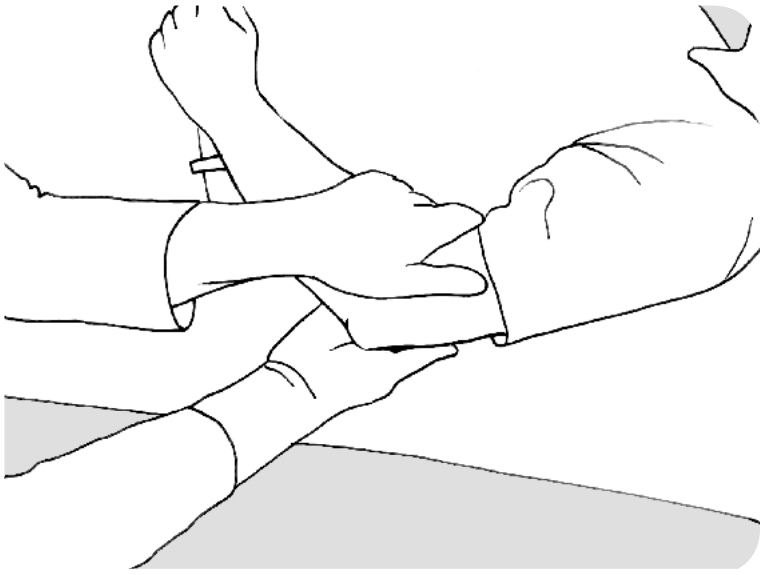


Figure 6
Contact with elbow, client lying down

As you hold any joint, feel for coherence to appear. Coherence often feels like a gentle pulsation as blood flow increases and modulates with the breath. You are moving in the right direction if the range within the joint is increasing, i.e. if there is a slight movement of expansion and contraction available within the joint.

It is likely that you will begin to notice micro-movements within the joints as this pulsation begins. This is often a sign that incomplete responses are beginning to re-initiate. It is important then to allow time for this re-organization of responses to occur. Simply stay in contact with the joint, and wait until the incomplete responses begin to organize more fully. Monitor the client's activation level. It is common to have at least a slight increase in activation as the organism reconnects with its urge for self-protection. Your job as the practitioner is to help the client contain that activation, so that its energy can "power" the organization and completion of survival responses. There needs to be enough activation in the system to trigger defensive urges, but not so much that the client feels overwhelmed, and is incapable of responding to the perceived sense of threat.

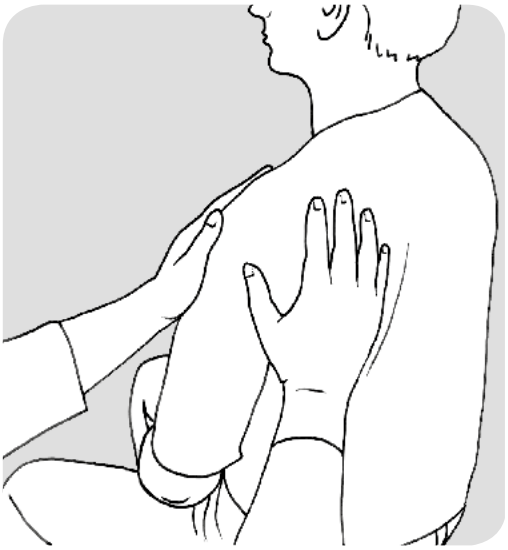


Figure 7 Contact with shoulder, client seated

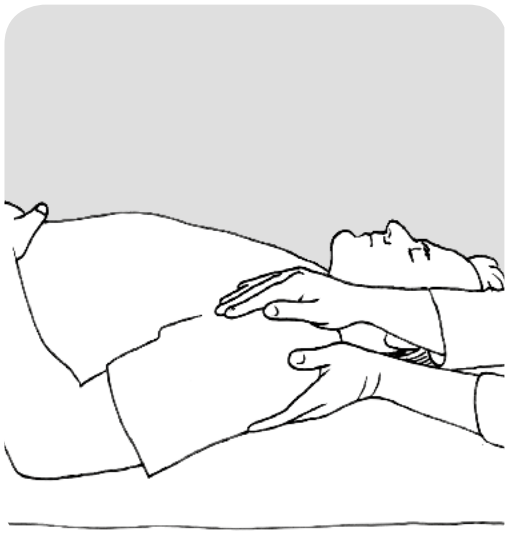


Figure 8 Contact with shoulder, client lying down

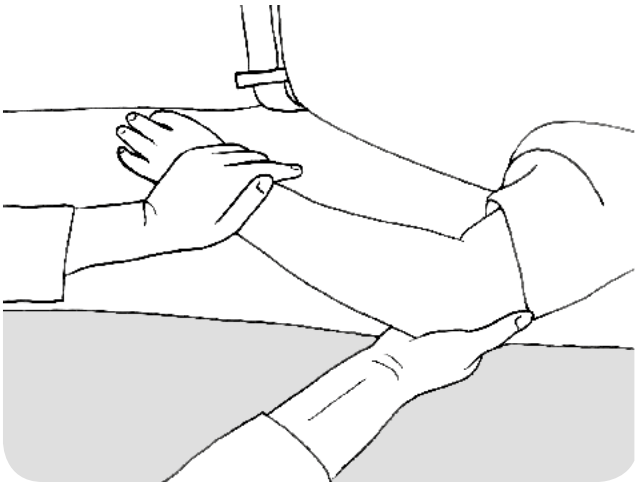


Figure 9
Contact with wrist and elbow simultaneously

As responses complete in one joint, there will be a tendency for the adjoining joints to come alive in their responses as well. Sometimes you will need to hold more than one joint at a time in order to support the completion of more complex responses. You may also find the rest of the body involved in movement as well, since many of the experiences that challenged the joints also involved movement of the entire body. It is important to continue to monitor the client's activation levels as more parts of the body become involved in completion, so as to ensure that the client is not sent into either uncontained activation or shutdown.

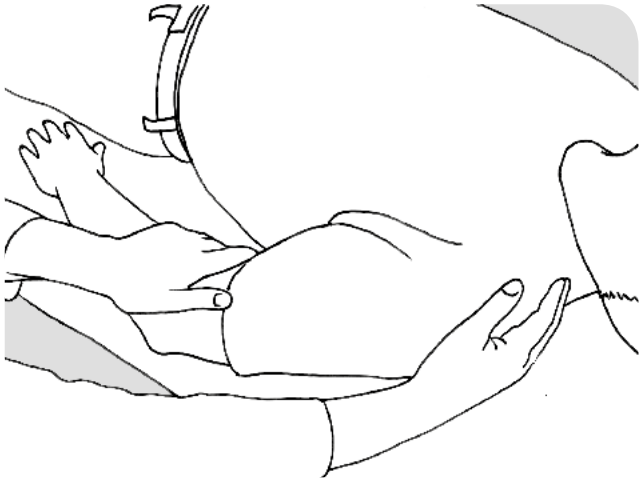


Figure 10
elbow and shoulder simultaneously

Joints are like network connections; each joint is like a network hub of what the muscles are doing together. Notice what the muscles are doing in the area around the joint (the degree of bracing, stiffness, etc.). It can take time for coherence to build and the gentle pendulation within the joint to occur. Spanning contact between two joints (e.g., wrist and elbow, hip and shoulder) can bring an even higher level of response and integration as the joints and muscles again move into an organized and cooperative relationship.

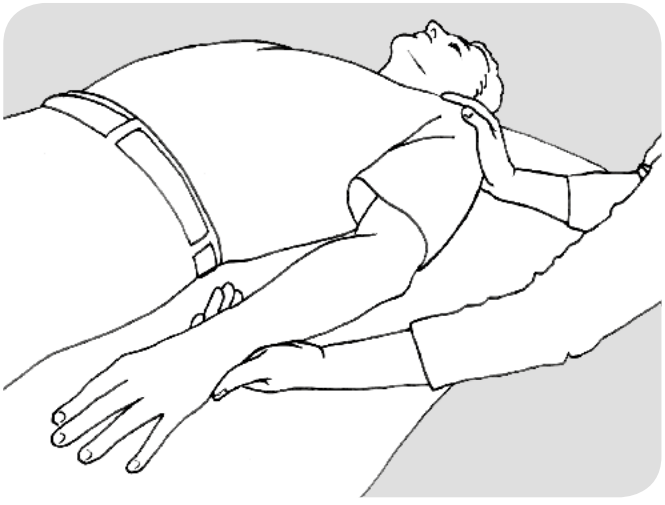


Figure 11
Contact with wrist and shoulder simultaneously

With increased coherence and integration, different levels of arousal/activation can be successively contained. When you move to contact a second joint, the process that occurred in the first joint can inform the second joint. Continue to focus on supporting coherence and containment. There are times you may want to hold both the left and right joints (i.e. both ankles, both hips).

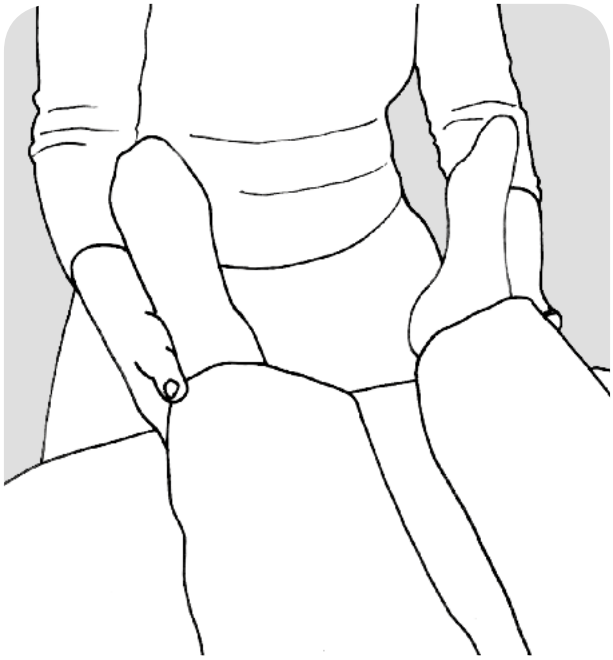


Figure 12 Contacting both ankles simultaneously

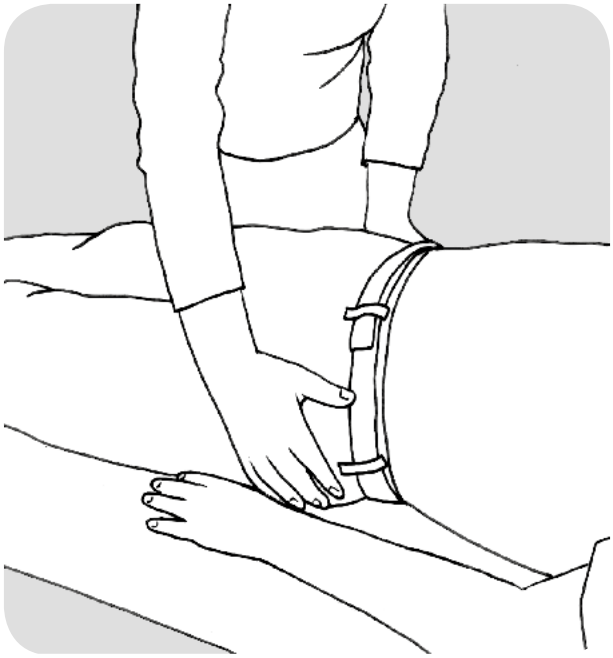


Figure 13 Contacting both hips simultaneously

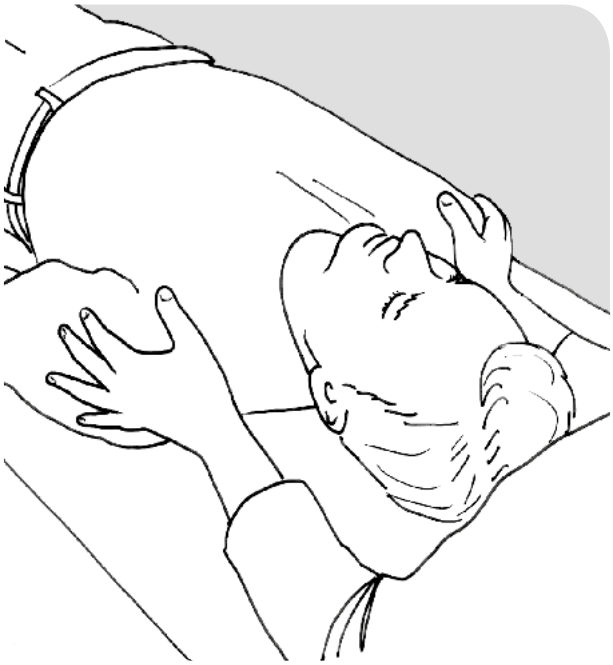


Figure 14 Contacting both shoulders simultaneously

There's no set pattern as to whether you work with a client's strong or weak side first. The primary focus is to work in the region where you can sense the most contact with the client, where your contact doesn't dramatically increase activation, and where it seems to have the greatest capacity to move the system toward coherence. You may need to experiment a bit about where to begin. Check in with the client about which initial contact feels most supportive.

You may find that a part of the body that received obvious injury may not have as many symptoms, or have as much activation associated with it, as do other parts that "went along for the ride" during the injury. These other areas of the body were likely making attempts at self-protection

while the injury was occurring. As we know from other SE modules, thwarted self-protective responses can bind a tremendous amount of survival energy. As you work with one area, continue to monitor other regions of the body, so that you don't miss signs of discharge or attempts to complete responses in those other areas.

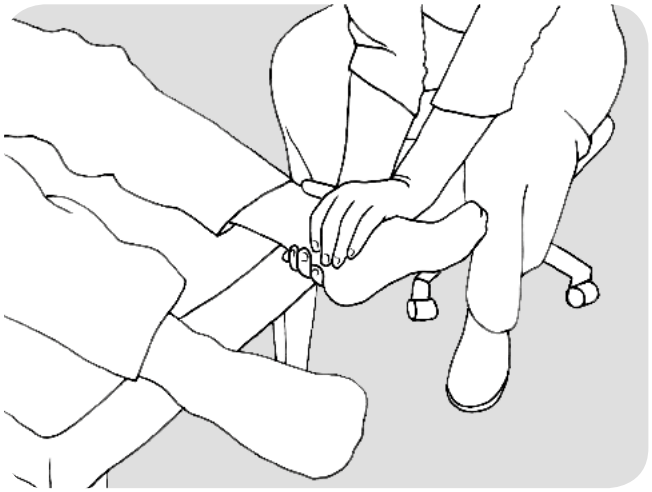


Figure 15
Contact with the ankle, client seated

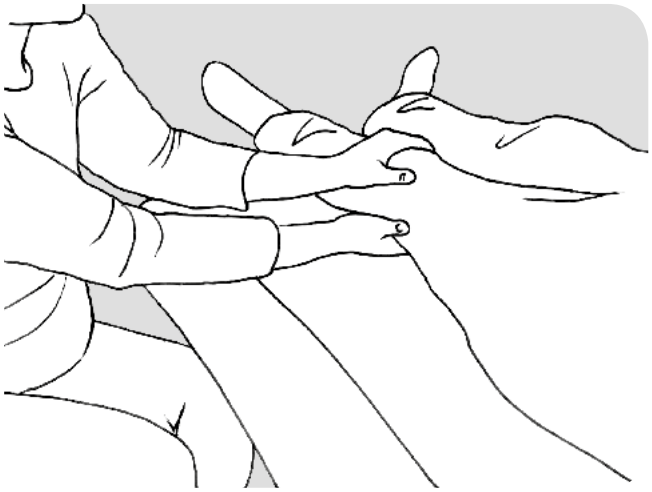


Figure 16
Contact with the knee

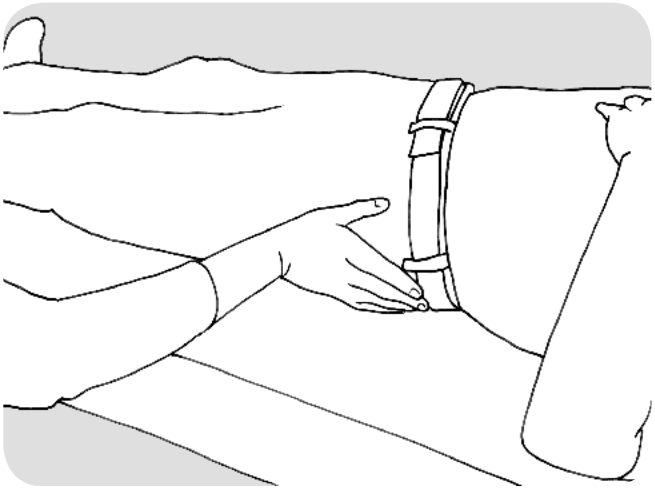


Figure 17
Contact with the hip

Always work to support coherence and containment, and work in a general way with the joints. Remember, the SE focus is not on specific repair of any part of the body; rather, it is on the restoration of coherence and the capacity for integrated response.

Encourage the client to notice what they feel as you work with each area: *"I haven't felt my _____ (legs, etc.) were mine since the injury"*. As more energy comes into an area that was previously under-coupled, check to see if the energy becomes much more balanced between that side and its counterpart. There may be temperature shifts that take different forms (warmth may disperse, cold may feel not quite so cold). Because the ANS controls temperature regulation, you might at first see bilateral temperature asymmetry in a dysregulated system, and this can rebalance as you work. It may take a while before you feel the breath rhythm move into under-coupled areas for the first time.

Again, spanning across more than one joint may be necessary to help complete the reintegration process.

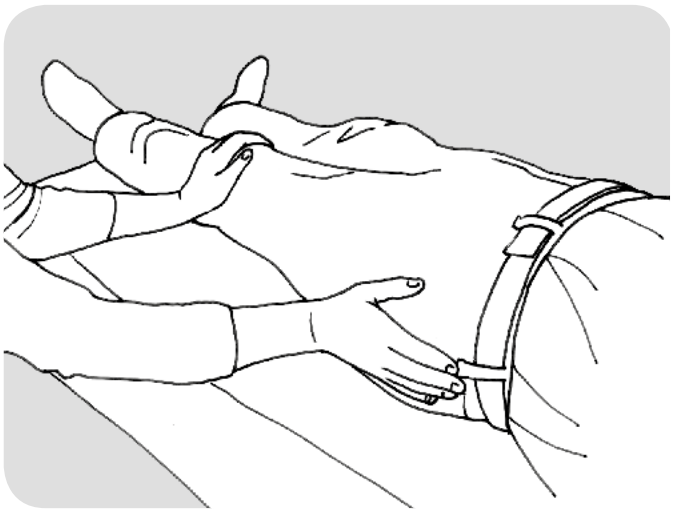


Figure 18
Contact with the knee and hip simultaneously

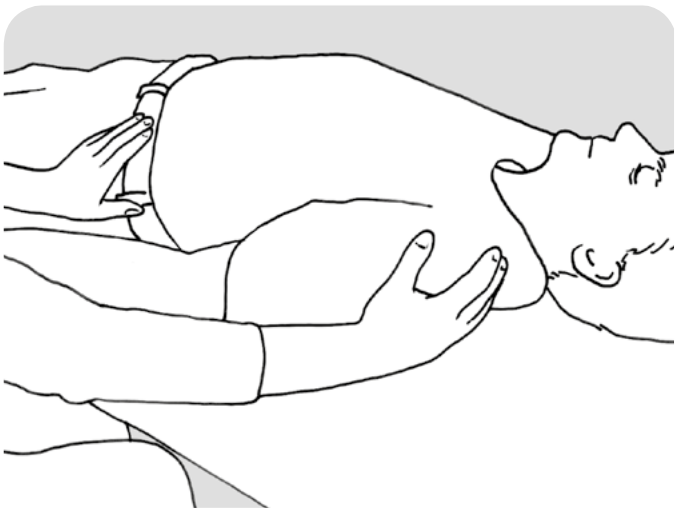


Figure 19
Contact with the hip and shoulder

Head and Spine

Injuries to the head and spine are some of the most activating physical injuries. Developmentally, these areas are associated with the most primitive phases of self-protection. Here, we might not have had access to using our arms and legs, and were often dependent on outside resources (such as caregivers). As a result, this means that active defenses are limited when we access traumatic states associated with early develop-mental states. Additionally, the head and neck are the areas most strongly associated with orienting. Taken together, these elements mean that contacting traumatic stress patterns associated with the head and spine can be very challenging for the client. Before working directly with these areas, you'll need to be sure there is enough coherence and containment in the client's system to tolerate the mobilization of potentially high-energy states associated with early trauma or with severely threatening physical injury.

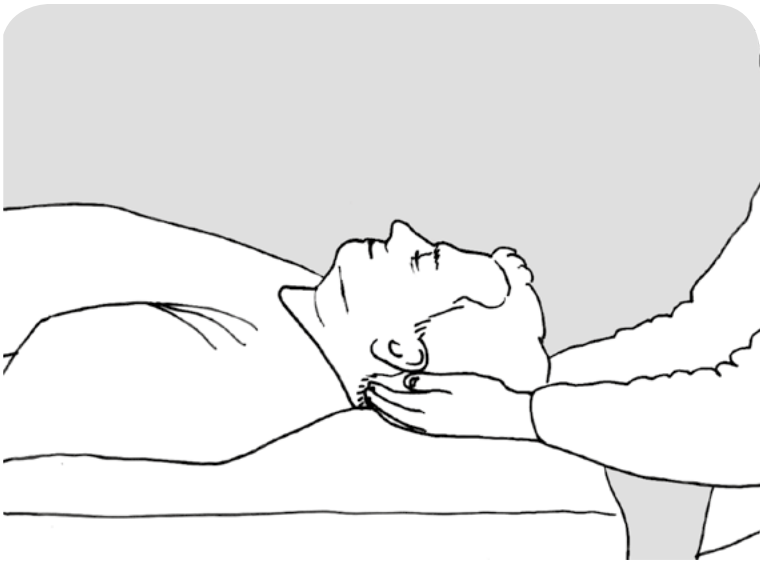


Figure 20
Contact with head, client lying down

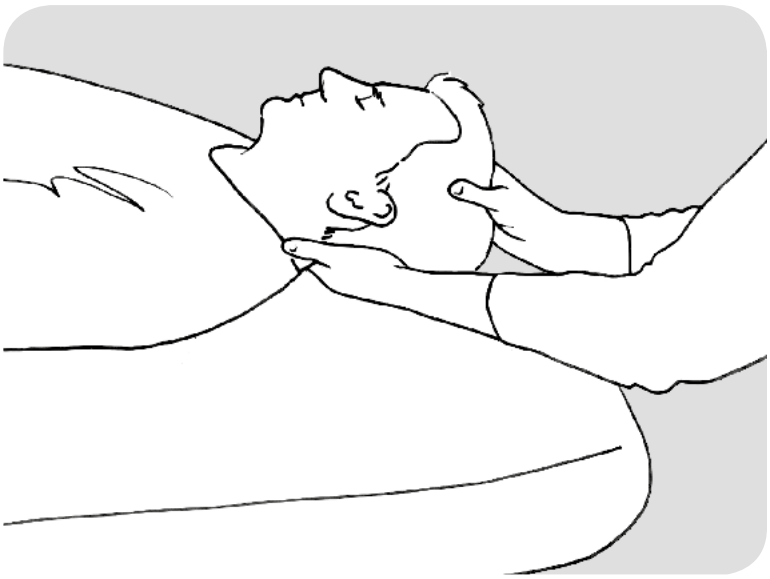


Figure 21
Support of client's head, base and top

Note: When contacting the top of the client's head, keep hand and fingers in a "bridge" position so that you don't directly touch the top of the head. Most people find contact directly on the top of their head quite uncomfortable.

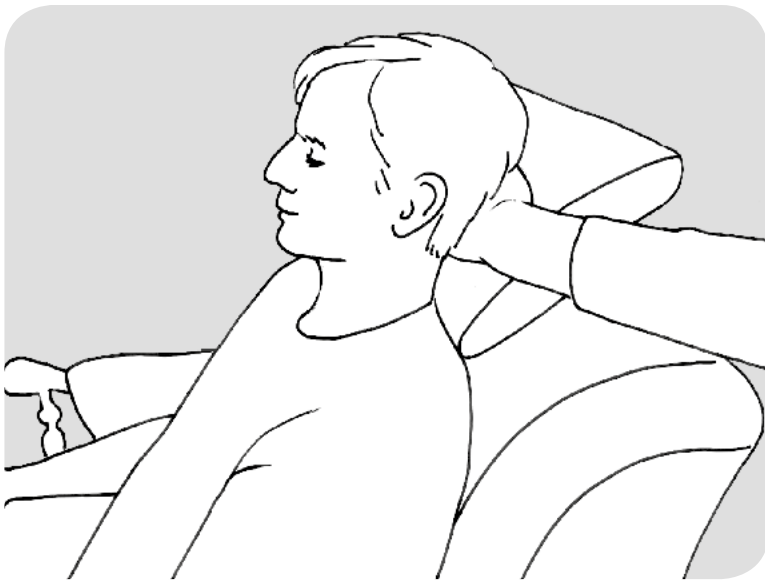


Figure 22
Contact with head, client seated

In working with the head and neck, you are likely to see orienting responses begin to emerge or re-emerge, beginning as micro-movements. As with the other joints, take time to allow these responses to organize. Incomplete orienting and defensive responses comprise a unit; they are intrinsically intertwined. As these responses are completing, watch the client's eyes (the direction they're moving, the degree of activation, whether they open), and breath (to assess whether the activation is suppressing or affecting the breath in any way). Take your time, and have patience to let the process complete and come to the next stage on its own. Whatever impulses emerge, simply meet them; stay at the involuntary impulse level. "That's it, just feel those movements."

Support tiny little movements as needed ("There you go"), and see if the client wants any support from your hand on their head. Always follow the movement in order to stay with the involuntary impulses. There may be pendulation between orienting and settling, orienting and settling. Observe whether the defensive orienting disrupts coherence or not. Also observe whether the movements (or coherence) that take place in the head and neck travel further into the body (e.g., does coherence travel into the pelvis; is there inward and outward rotation of the pelvis with the breath, are the legs coming out of a braced position?).

Completion

After any touch work, it is important to make a smooth transition into the completion of your session. Regardless of the type of touch work done, there are common elements to consider as you bring your touch session to a close. These are presented in the Completion section on page A2.35.

SOMATIC EXPERIENCING®
INTERNATIONAL

SE MODEL: DIAPHRAGMS

SE Model: Diaphragms

The body diaphragm system was introduced in a general way in Advanced 1. In the Advanced 2 module, we will work with each of the body diaphragms in greater detail. The concept of diaphragms originates from an osteopathic model that proposes a group of structures that isolate one part of the body from the other (dividing both organ and feeling [affect] function), but interact in interdependent and complex ways. In this model, diaphragms act as pressure regulators, spacers, and mutually resonant systems. They both separate and unify at the same time. These diaphragms invariably have a bowl or bell (dome) shape, which lends itself well to the commonly-used metaphor of Tibetan bowls, resonating in harmony.

However, SE adds a different perspective to the diaphragm model: body diaphragms are seen as containers of affect, as well as primary instruments of self-regulation for managing deep shock states and their associated high-energy states. This is a unique perspective that extends the osteopathic view of body diaphragms into a trauma-based model. The resonance model of diaphragms fits superbly with the SE method of support of coherence and containment. Body diaphragms are perfect instruments for, and indicators of, coherence, and they inherently provide containment through their natural structures. Since all diaphragms have the same bell/bowl

"The dense body finds its mechanical balance, as well as its torsional pliability and stiffness, through these domes and bowls. The dense body does not deal in a language of straight lines and right-angled structures; everything curves, however subtly. These eight domed or bowled structures interact with each other in complex, interdependent ways, as motile, mobile, muscular, osseous, and fascial reciprocals, one to the other."

— Hugh Milne, The Heart of Listening, page 99.

shape, resonance occurs naturally among the diaphragms when coherence is present.
(See page A.31 for information on additional diaphragms.)

Main Diaphragms that "Contain" Affective Experience

1 Calvaria - domed top of the head

2 Tentorial membrane – membrane at the floor of the cranium, which attaches to the interior of the back of the head/base of skull

3 Cranial Base

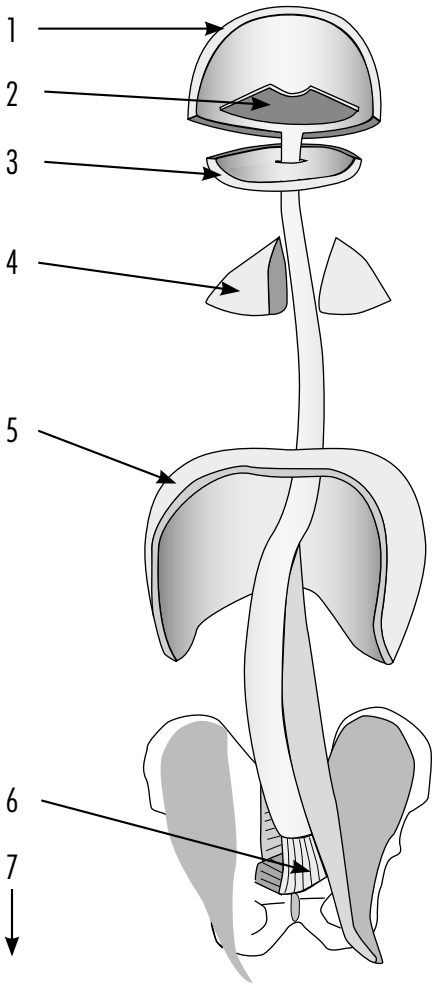
4 Thoracic outlet/shoulder girdle – shoulders, clavicle, upper thoracic vertebrae, apex of lungs

5 Respiratory Diaphragm

6 Pelvic floor

7 Soles of the Feet (not shown)

Drawn from: *The Heart of Listening* by Hugh Milne



As noted in Advanced 1, and as is consistent with the theme of the entire Advanced year, we will be working with diaphragms from the perspective of supporting coherence and containment (particularly of affect). As was true with joints, you must also decide in which order you will work with the diaphragms. Typically, we begin with the shoulder diaphragm, since contact with the shoulder area is usually a fairly neutral type of touch for the client. However, it's possible to start with any of the diaphragms. You will need to monitor the client's activation level, and their response to your work, in order to help guide you in deciding which diaphragm will be next as you move your contact.

For ease of organization, the following section describes working with the diaphragms in the following sequence: Shoulder, respiratory diaphragm, pelvis, cranial base and tentorium, top of head, and feet. This is a relatively common pattern for working with diaphragms, but by no means is it the only order that could be considered correct.

General Principles of Working with Diaphragms

- Ideally, the client should be lying down for diaphragm work. However, if that is not possible, you may be able to work with at least some of the diaphragms with the client in a seated position.
- For each diaphragm, as with each joint, notice if there is pulsation and pendulation with each breath. Every diaphragm should respond to the breathing rhythm with a gentle expansion and contraction.
- Diaphragms do not function in isolation – a change in any one affects the others. You may feel the restoration of pulsation from the breathing rhythm within one diaphragm first, and then in various diaphragms in combination.
- It is uncommon to work with only one diaphragm. They work together cooperatively, so there will be a natural response in each diaphragm as the others change. It is again important to monitor the client's activation levels to ensure you aren't provoking too much change in too short a period of time.
- It's important for you to support each diaphragm to stay in matched relationship to the others. Too much change in a single diaphragm can provoke reactions in the surrounding diaphragms. For example, if the respiratory diaphragm expands too abruptly, the shoulder and pelvic diaphragms may contract strongly as a means to regulate the change process and the mobilization of charge and/or affect.
- Once there is relative stability in one diaphragm, you can then move to the next area. There are typically two ways to know which diaphragm will come next in your work:
  - Another diaphragm begins to resonate, mobilize, or begin to expand in response to the work already done.
  - Another diaphragm seems to tighten in response to your work. Sometimes, another diaphragm only seems to tighten, because the adjoining diaphragms are more open. However, it is possible that another diaphragm is in fact bracing against the perceived challenge of movement created by the more open diaphragms. In either case, it's best to move to the region that feels tight and support some easing of constriction before moving on to other diaphragms.
- If the client's system is highly disorganized, working only two diaphragms may be enough stimulation for a single session. For other clients, the work can proceed through the entire diaphragm system in a single session.
- An ongoing question in touch work is when to move your hand(s) and where to place them next. You move your hands when other diaphragms begin to move, vibrate, and awaken. You also move your hand if it feels as if the client has disappeared from underneath your hands. In both cases, you move your hands to the next place you want increased coherence. Hands act as a gentle, organizing force that allow the client's organism to increase in coherence, and then contact and contain more charge in a bigger, more manageable, space. As you move your hand(s), do not take the hand(s) fully away from the body; maintain contact as you transition.

Shoulder/Apex of Lungs

Keeping in mind the bell/bowl model, it is possible to work at any point of the bell or bowl (i.e., you might contact it at the "rim", the bottom, or anywhere along the sides). For the shoulder diaphragm, you might contact both shoulders, the musculature between the shoulder blades, or a single shoulder (see Figures 23-25)

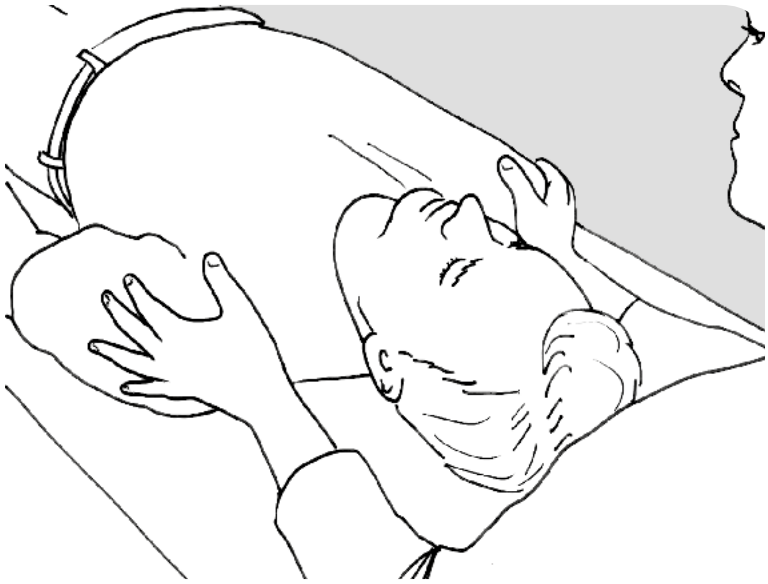


Figure 23
Contact with shoulder diaphragm, both shoulders

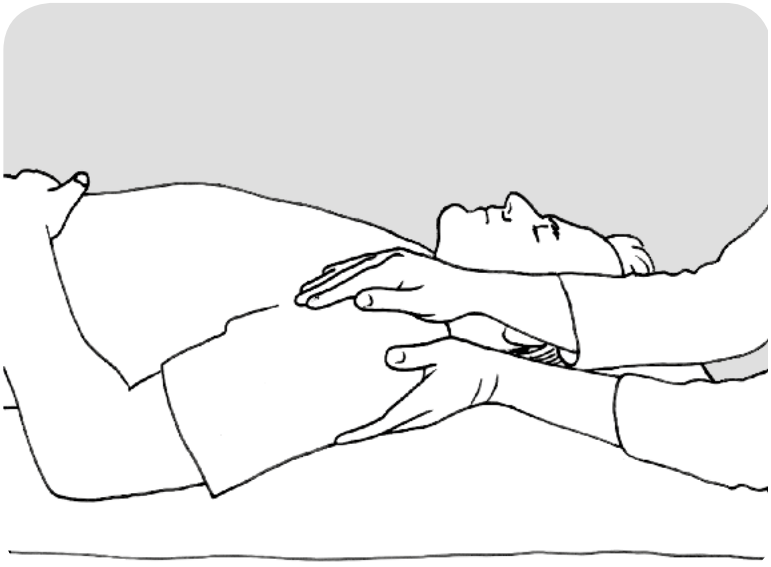


Figure 24
Contact with shoulder diaphragm, single shoulder

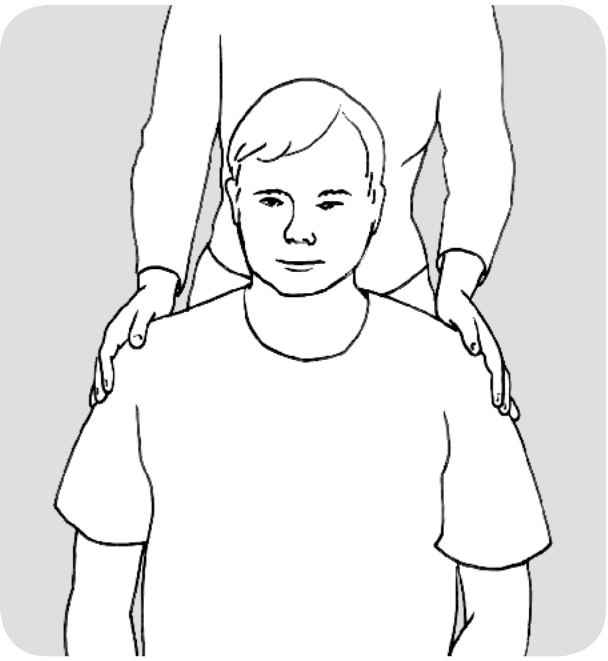


Figure 25
Contact with shoulder diaphragm, client seated

Bring your attention to the "dome", or bell, of the entire shoulder girdle. Notice if the breath fully moves through the arch of the shoulders. Can you feel the full expansion of the lungs through the shoulders? Is the movement equal on both sides? It's sometimes necessary to gently accentuate the movement of the shoulders in and out with the breath, in order to help the client bring attention to this natural pendulation.

As coherence moves into new areas, be aware of what happens next for the client. A momentary full and easy breath can be followed by a gasp (coherence, followed by constriction). A breath might come into the jaw muscles, followed by the throat not feeling as tight, and the inner ear muscles relaxing, and the ears pulsing and draining (coherence followed by greater coherence). A breath might move gently into the jaw, followed by a full easy exhalation (coherence and vagal tone).

As the client moves toward coherence, watch how the in and out breath change. Vagal tone modulates the heartbeat on the in/out breath. The fluctuation of heart rate (speeding up on inhale, slowing down on exhale) can be assessed by observing the carotid artery pulse in the neck. The strength of this pulse can be viewed as well (for example, strong and definite or thready). The out breath may become more full (without a gasp) with increased vagal tone and coherence. If all the neck muscles contract on the in breath, the client is illustrating a "sympathetic" breath that can perpetuate anxiety and pain. Carefully track to see if there is eventually breath without bracing, followed by a coherent breath where some muscles move freely with the breath.

Note: Some clients will try to calm themselves down by forcing a certain breathing pattern. Encourage them to *" just let the breath happen…there you go."* The aim is to let the physiology return to coherence in its own time and way.

If breath is only occurring in the upper part of the chest, and the person appears somewhat constricted in the lower ribcage, this might be an indication to move your contact to the respiratory diaphragm.

Respiratory Diaphragm

You can contact the respiratory diaphragm by touching each side of the base of the ribcage (Figure 26), or by contacting the front and back of the ribcage (Figure 27). As we work with the respiratory

diaphragm muscle, we are asking it to stretch, but we do so in increments so that we don't counteract the body's self-regulatory process. In other words, as the breath comes through into the muscle, the muscle stretches at a pace the body can manage. Periodically, you can hold a little pressure against the breath and then let go; this accentuates the movement of the diaphragm.

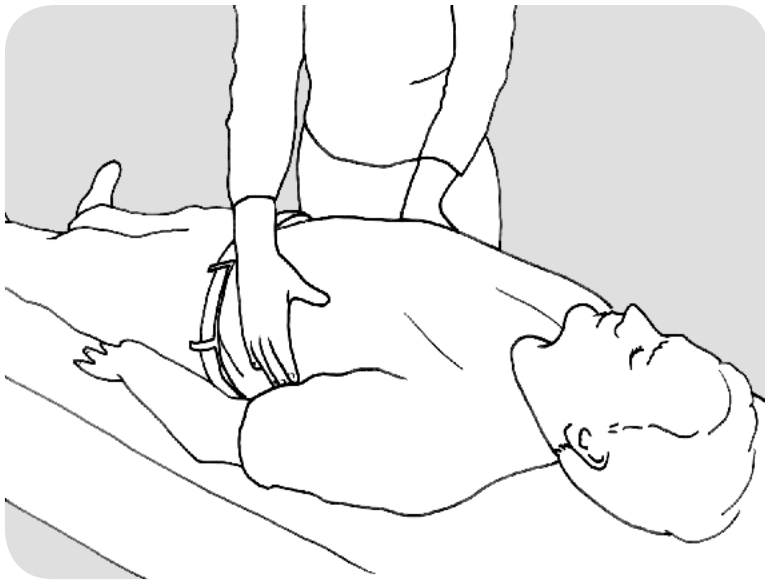


Figure 26
Contact with respiratory diaphragm, sides of ribcage

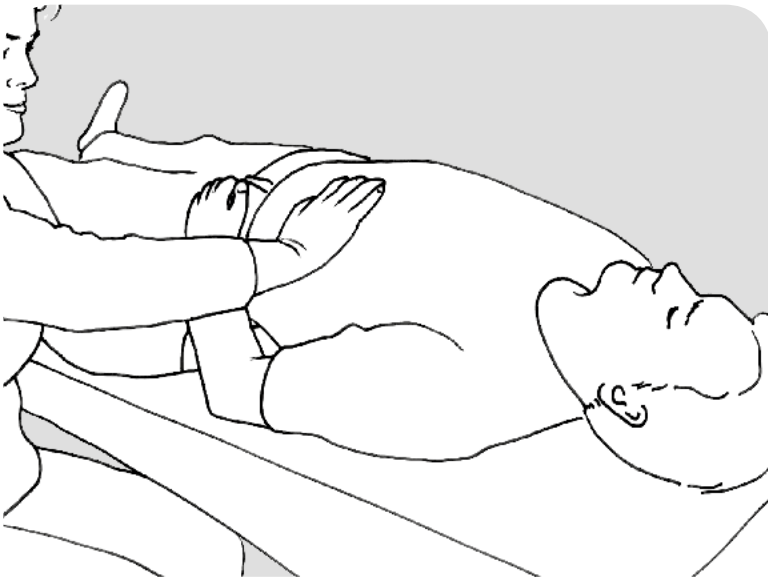


Figure 27
Contact with respiratory diaphragm, front and back of ribcage

Working with the respiratory diaphragm can result in a big movement or shift for the client. Don't work this diaphragm if you suspect there might be a massive opening that would challenge the other diaphragms too much. Assess this possibility by seeing if the other diaphragms are very tight. If they are too tight, work with them first, and then let the respiratory diaphragm muscle release a bit. Diaphragm work is like pressure regulation; you don't want to take too much pressure off the system (through the diaphragm "valve") at once.

As the breath's quality changes throughout the session, watch the degree of ease of both the in breath and the out breath. An easeful full out breath is a very nice sign, and indicates good vagal tone. Also watch whether the breath is moving by itself, or if the client is still overriding the underlying rhythm. You may say to your client *"Just let yourself sense that you don't need to take a breath. The breath is taking itself; allow the breath to do that."* Spontaneous breaths may not come within one session. For various reasons it may take several sessions before you see the client's first spontaneous breath. For example, a client who had been on a respirator (when in a coma) needed several sessions before a spontaneous breath arose.

Spanning two diaphragms by touching them simultaneously can give better containment; for instance, touching the shoulder diaphragm with one hand and the respiratory diaphragm with the other (Figure 28). Good containment is provided when both sides of a bell/bowl pair are worked with separately or simultaneously.

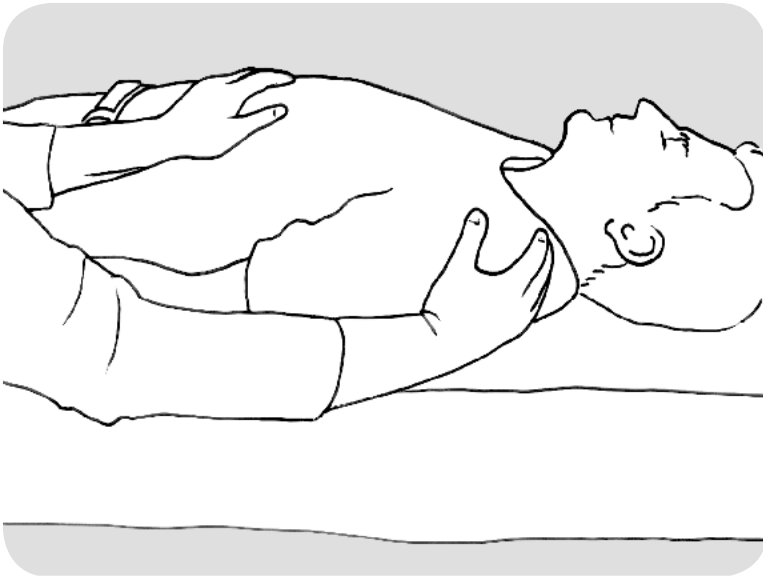


Figure 28
Contacting the shoulder and respiratory diaphragms simultaneously

SE touch is not about repair of any diaphragm's physical structure; instead, we work toward and support coherence through contacting the diaphragm. At the end of a session, any single diaphragm may or may not appear different, but ideally, the overall organization and coherence in the client's system will have been enhanced. In any SE session, one is inherently working with coherence as the nervous system reorganizes, so pay attention to the nervous system indicators as the system moves toward more organization.

Notice when you first feel the muscles start to become involved in the respiratory cycle. Notice when the breath comes into other muscles; for instance, the long, heavy muscles of the back, followed by the spine and then the limbs. Watch as coherence returns and provides a nice soft synchrony of breath, muscles, and blood volume.

As relative stability arises between the shoulder and respiratory diaphragms, it is time to make a decision about whether or not to move on to the next diaphragm.

Pelvic Diaphragm

Keeping in mind that you can contact the "bowl" of the pelvis along the rim, you can make contact with the pelvis by contacting the sides of the hips (Figure 29), or by contacting one hip and the lower back (Figure 30).

As your touch skills develop, you will detect when diaphragms are resonant or dissonant, and when they are resonant together.

As the client's "container" of coherence builds, there may be specific movements and/or activation that indicate an incomplete response is attempting to complete. If there is enough settling and coherence "on board", just observe the activation and muscle stiffness that is happening for the purpose of completion. Just follow and support what's happening with your hands; your contact communicates, "That movement is OK" to a movement pattern that was associated in the past with fear or pain. Use reinforcing language as you notice change heading in the right direction (breath, muscle movement, etc.); "There you go …just go with that, just let that happen", "Very nice", "Yes, that's it", "Lovely." As things seem to settle and come to a resting point, continue to watch; a more coherent breath or deeper breath or other movement may arise.

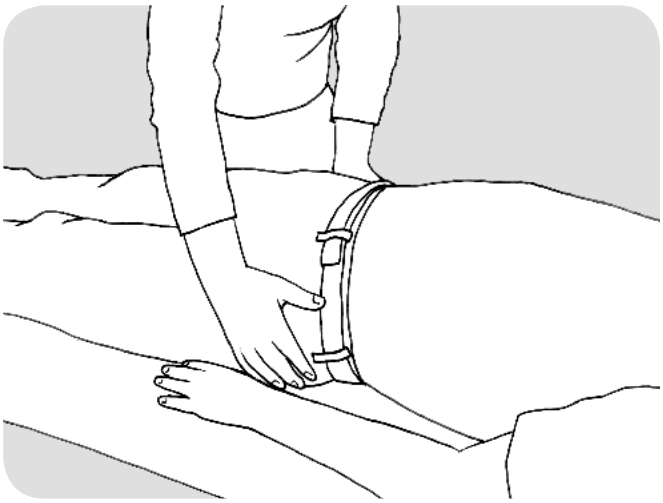


Figure 29 Contacting the pelvic diaphragm at both hips

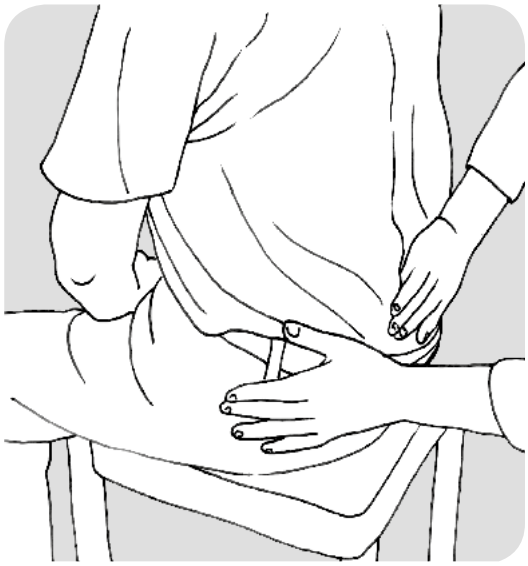


Figure 30 Contacting the pelvic diaphragm , client seated

Periodically, assess the client's "weight" and their relationship to gravity. Initially, musculoskeletal bracing is common, and can make the client appear as if they're floating right on the table surface; in this case, their Contact with pelvic diaphragm, client seated weight is not resting or supported. As a session proceeds, a client's

body may settle onto the table more. This indicates the muscles have stopped bracing, and the client's weight has come onto the table. When you feel them softening into the table, this is a transition point, so let them settle without introducing much stimulus at this time.

Learn to observe how coherence and charge move, and how diaphragms begin both moving on their own and reconnecting to each other. There will be times the client is starting to move a lot of charge (for instance, their rib cage may feel bigger) or there is vibration moving all through the body. At other times the vibration feels light, and the breath can move throughout the whole system. You want to delicately hold the bowl/bell such that you're contacting and supporting it, but staying out of the way of any increased resonance and expanding coherence. You may need to lighten your contact but make hand transitions in such a way that you don't lose contact with the client.

Keep in mind the vibratory nature of diaphragms. If responsiveness to the breath and the feeling of coherent coordination are present, followed by the breath then going all the way to the pelvis, this is evidence of increased coherence becoming visible. The system is opening, allowing more movement, organizing, responding, cooperating, and responding to other systems without reactivity. All of this falls under the umbrella of coherence and normal responsiveness coming back in. Feel and watch for this. Again, it may be helpful to contact more than one diaphragm at a time — for example, the pelvic and respiratory diaphragms (Figure 31). It's great if you get a release, a change, etc., but also see how the bell and bowl are working together. As coherence moves to the pelvic diaphragm, the pelvis may begin to tip on the out breath: you might have the client accentuate this movement just a bit.

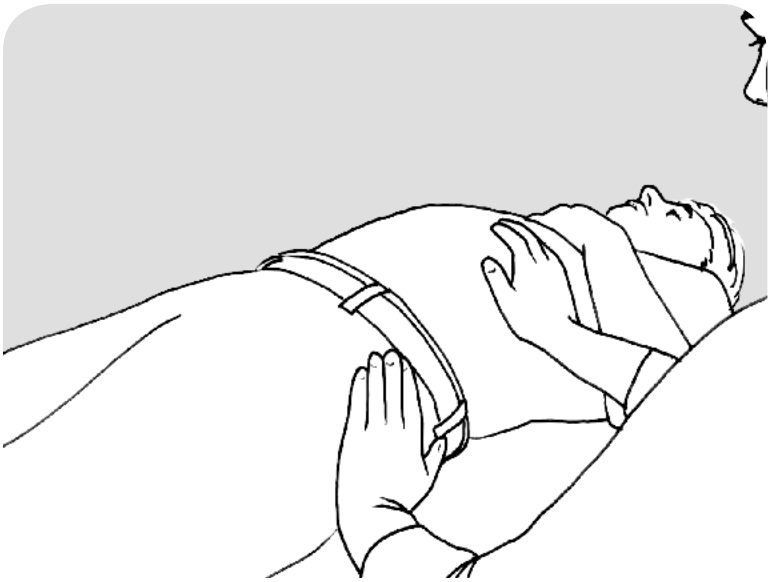


Figure 31
Contacting pelvic and respiratory diaphragms simultaneously

As a session progresses and there's the feeling of resonance vibrating and the coherence between diaphragms is "on a roll", make sure the client doesn't barrel into the trauma vortex. Pay close attention here when there's openness and physiological reorganization happening; the state of expansion that goes along with this reorganization can quickly drop to the trauma vortex if there is not enough containment. Sometimes a slight jiggle impulse with your hand is a signal to the diaphragm to not lock down as the energy gets bigger.

Base of Skull and Tentorium

You might work the diaphragm at the base of the skull separately or in combination with the tentorial diaphragm (which is just above the base of the skull). You can cup the base of the skull, or place your hands near the base of the skull but toward the side of the head (Figures 32 and 33).

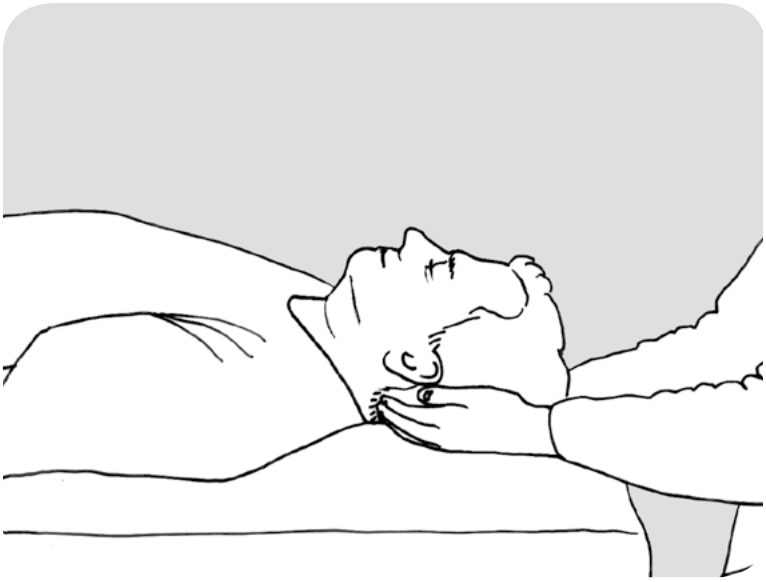


Figure 32
Contact with cranial base/tentorium

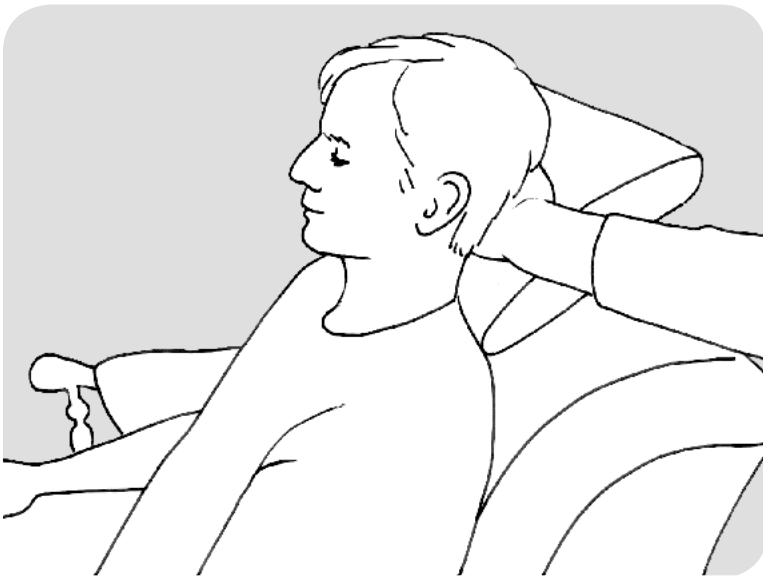


Figure 33
Contact with the cranial base/tentorium, client seated

You may see a version of the orienting/defensive responses being restored through diaphragm work, particularly when working with the diaphragms of the skull.

If too much activation begins to move as more diaphragms open, and if this activation goes into a nearby area of constriction, it will unfortunately intensify the experience of activation. Think of the difference between compressing a balloon or allowing a balloon to expand to provide more space. Compressing more activation into a smaller space will feel explosive. The diaphragms of the head are particularly prone to restricting in reaction to the mobilizing of survival energy (perhaps because they are so strongly associated with the orienting response). The client will most often feel this constriction as an increase of pressure in their head, or a slight headache. Normally, increased expansion in these diaphragms relieves this pressure.

Expansion allows the activation to move into a larger space, which then feels like less activation. This is what diaphragm work helps with. As you work with clients, you'll see their diaphragms become more open and even if they are not yet at the discharge point, they'll report that their experience of activation feels like it has lessened.

Note: If the cranial diaphragms do not open enough to relieve the pressure a client is feeling in his or her head, you might need to help some of the adjoining diaphragms re-constrict slightly in order to balance the entire system in a way that is more manageable. Do this by gently compressing the shoulder or respiratory diaphragm. This will usually relieve the head pressure almost immediately. Release your compression of the other diaphragm as slowly as is needed to keep the cranial diaphragms from constricting.

Cranial Dome/Top of Head

You can work the diaphragm at the top of the head by itself (Figure 34), or in combination with the diaphragm at the base of the skull (Figure 35). The top of head/base of skull contact is relatively common, since it gives access to such a clear sense of the resonance between these diaphragms.

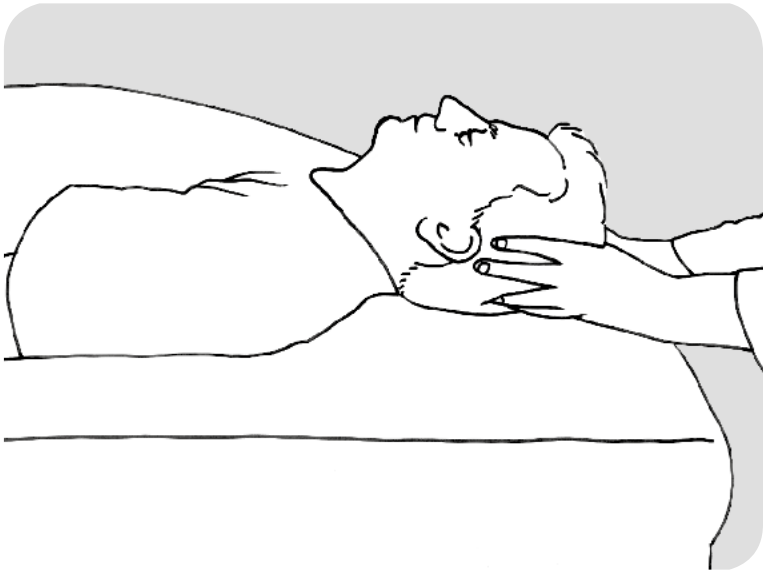


Figure 34
Contact with cranial dome

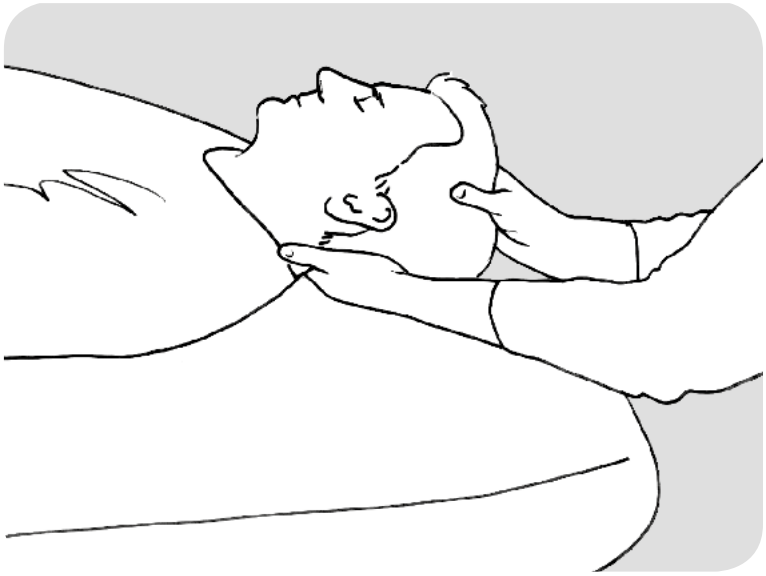


Figure 35
Contact with cranial base and dome simultaneously

If you have worked the rest of the diaphragm system prior to working with the head, the client will typically be in a deep state of coherence by this point. If a client's structure has a lot of energy wells and has the capacity to release energy, they may move through several energy wells, one at a time. Observe the cycles of expansion, contraction, and plateaus, and be sure to pause and watch for a while to let the body equilibrate a little bit. Remember to continue to monitor titration, pendulation, and activation as you work. The client will often be in a state of deep rest and coherence, and therefore not verbally reporting as frequently. You need to ensure that you don't inadvertently drop into the trauma vortex.

It's not uncommon for a client to “space out” when a shift is happening. If a client appears to fall asleep, don't wake them. There is deep integration in these mini-sleeps, so sit quietly while they rest, and make sure they don't get disoriented when they come out of that state. Often the client is not asleep but in a different state, a state where they're integrating; in these cases, they often remark they thought they were asleep but were aware of everything (like lucid dreaming).

Be careful that you don't lose track of pendulation with deep coherency work. If you lose track, the person can drop too deeply within (increasingly inner and inner and inner). One way this can occur is if you don't ask for enough verbal feedback. Therefore, when learning to track coherence, get enough client feedback so that you and the client don't become dissociated. An old trick is to ask your client about the quality of a sensation; this brings them back without asking them to focus on the sensation that's uncomfortable or terrifying. To track in silence, one needs a higher level of skill; the deeper the work, the more present you need to be.

Feet

Many body therapists finish their sessions by gently contacting the bottom of the client's feet. This is often considered a way to “ground” clients and help them come back to the here and now after their

attention has been deep within their internal experience. In the context of diaphragm work, it's a nice way to complete the contact with the entire bell/bowl system, particularly if the previous contact was with the head – it forms a nice book-end to the session.

As with head/neck work, contact with the legs and feet can also bring defensive impulses to the surface. Even though contact with the feet is often made toward the end of the session, you still need to be prepared for the client to move into activation associated with this final diaphragm. Make sure you leave enough time for completion of any responses that may arise.

With diaphragm work, you will begin to see increased organization and cooperation within and between both diaphragm systems and other systems (nervous, musculoskeletal, respiratory, etc.). They begin working in the mutually supportive way that the physiology is normally meant to do. The increased organization and cooperation within or between systems is evidence that the system is moving toward coherence, or that there's increased coherence. A coherent system tolerates instability, and can come back into a resting state relatively easily.

Sub-diaphragms

As noted previously, many osteopaths include other body structures as part of the diaphragm system. The throat and the hard palate are two of the more commonly identified additional diaphragms. Also, as stated previously, you can think of each joint as being a miniature diaphragm. Any area of the body that isolates one structure from another, or has the bell/bowl structure, can effectively be used as a sub-diaphragm. Working with a smaller sub-diaphragm can aid in containment if the client is having trouble managing their activation when working with larger diaphragms.

If a client's diaphragm system is over-coupled (meaning that working with one diaphragm creates strong reactions in the other diaphragms), you can move to smaller and smaller sub-diaphragms as a form of differentiation in their system. This helps to uncouple the over-coupled elements, and also helps build the client's capacity to contain more effectively.

If a client's diaphragm system is under-coupled (meaning there is little or no connection between the diaphragms), working with sub-diaphragms first, then transitioning to the large diaphragms, will often provide a way to re-associate the disconnected elements.

Completion

After any touch work, it is important to make a smooth transition toward completion of your session. Regardless of the type of touch work done, there are common elements to consider as you bring your touch session to a close. These are presented in the Completion section on pageA2.35.

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SE MODEL: VISCERA

SE Model: Viscera

Technically, the term "viscera" refers to the digestive system. However, this term is now commonly used to describe the organs, particularly those in the abdomen. From the SE perspective, visceral work allows direct intervention with the dorsal vagal system and its feedback loops.

The nervous system within the viscera is very complex. The large vagus nerve is considered to have a "telephone switchboard-like" trunk that travels between the brainstem and visceral organs though the thoracic and abdominal cavities. It innervates the heart, lungs, diaphragm muscle, and all the organs below the diaphragm. Only 20% of its fibers are efferent, sending messages from the brain to the viscera. 80% of its fibers are afferent, sending messages from the viscera to the brain .

The afferent fibers also participate in local feedback within the region of the organs. At the local intestinal level, there is a need to efficiently coordinate activities without sending messages up to the brain and having to wait for signals to come back down to the visceral level. Within the visceral walls of the intestines is an entire nervous system, a "second brain" with complex interconnectivity like a net. As complex as the brain of a cat, this enteric or "gut" brain is centered around an interconnecting ganglion, and spreads diffusely throughout the intestinal

"...the vagus contributes sensory and additional motor fibers to the self-regulation of physiological systems.

The vagus contains sensory fibers that provide feedback and motor fibers originating in the dorsal motor nucleus of the vagus. Sensory fibers compose over 80% of vagal fibers.

The vagal sensory fibers originate in several visceral organs (e.g., heart, lungs, stomach, pancreas, liver, intestines) and terminate in a brainstem area known as nucleus tractus solitarius....[which] integrates sensory information from visceral organs and communicates, via interneurons, with the primary source nuclei of the vagus (i.e., nucleus ambiguous and dorsal motor nucleus).

— Stephen Porges,
"Physiological regulation in high-risk infants", from www.wam.umd.edu

viscera. The enteric brain has both sensory and motor aspects, as well as connectivity between the upper brain, brainstem, musculature of the intestinal tract, and nervous system.

The tiniest shift in afferent transmission from the viscera is very powerful and can affect the whole body. Because of its enormous afferent input (locally and back to the brain), when we contact the viscera, we can potentially make profound shifts toward re-regulation of the DV system.

Coherence is the state through which we influence afferent transmission.

Visceral work is not only about the intestinal tract. Through the vagal feedback loops within the viscera, we can access some of the most essential pathways of somatic communication of our feeling states. Since the diaphragms house the viscera, which hold the deep feelings, diaphragm work can both contain deeper feelings, and also evoke them.

Visceral work can help bring a client into fullness and regulation, but should first be preceded by working with the visceral "containers" (the diaphragms). Always work the "periphery" before doing deep core work. Always work the diaphragms above and below the viscera before doing direct visceral work. Keep your attention on coherency and containment, so as to invite the trauma to come out (rather than going into it).

The respiratory diaphragm and pelvic diaphragm are on each side of the abdominal viscera. The shoulder diaphragm and respiratory diaphragm are on each side of the thoracic viscera. By opening the diaphragms first, we give room for deeper feeling work by providing pathways for the energy to move.

Working with the Viscera through Touch

The abdominal viscera can be contacted by placing one hand on the abdomen and the other under the lower back (at the thoraco-lumbar junction). Your attention will be deeper than the level of the superficial abdominal structures, such as the muscles, but your physical contact will be light and fairly general (Figure 36).

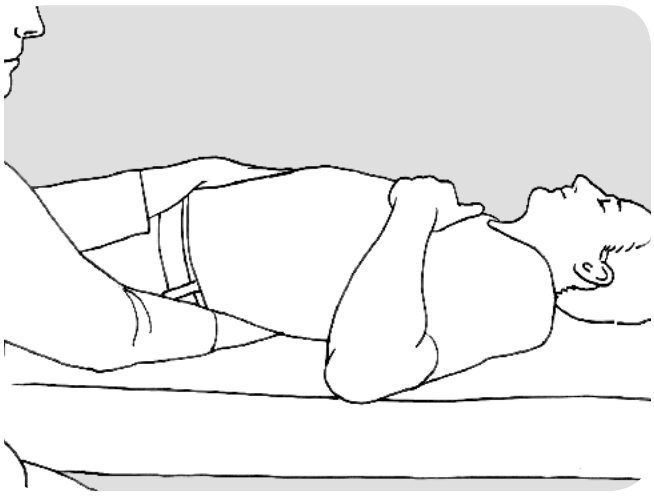

Figure 36
Contacting the abdominal viscera

When we put our hand on a client's belly, a lot may be going on in the abdomen. Have the intention to contain the organs, rather than intending to influence them directly. Visceral work should be done in a very precise localized way so that the client doesn't become flooded. For instance, peristaltic movements in the intestines are very delicate; if you push the peristalsis, you may flood the client, and then the viscera tends to shut down.

Because the abdominal area, lumbar area, and joints are deep reservoirs of feeling, we work in these areas with deep layering of containment. Make sure the client perceives your hands as comfortable, rather than as a threat; this is an important differentiation for some clients.

- This complex visceral nervous system organizes deep affects and operates through sensation and feeling tone. It does not process cognitively. Therefore, shift your language when talking to your clients during visceral work. You may even notice your client using phrases like “feels a little bit like". With visceral work, don't engage the client's consciousness too much; maintain a balance between the brain's primitive sensing centers and its thinking, observing parts.
- In any type of SE session, the gastrointestinal tract (the core tube of the body) may open up; the intestines may gurgle, the client may burp, or their appetite might emerge as a “postcard from home". As a deep defensive response, the core contracts (throat, gastrointestinal tract, anus) as one braces/holds against terror. As a client's contraction releases, you hear these burps and gurgles that indicate the system is coming back into normal mobility.
- The goals for visceral work are, as in any SE touch work, containment and aiming for a more resilient level of function through titration, pendulation, integration, and coherence. When the viscera are more balanced, inner regulation awakens, and the body gradually establishes a new niche of homeostasis. Visceral buoyancy returns, and can then provide more physical support to the spine and upper body.
- Many clients report a sense of “coming home" as they settle in their visceral system.
- Because of the complexity of interconnected systems within the viscera, work in this area may improve some symptoms, but give rise to others as things unlock and begin to open up. Educate your clients that more symptoms can sometimes be a good sign. Although they might have more symptoms, you can work with them more effectively, since the client's system is actually now more stable. This often occurs in clients who have lacked symptoms. The SE work may then liberate enough energy to reveal their symptoms. Clients with syndromal symptoms that mutate and shift back and forth may find that they begin to be aware of the sensations and feelings underlying those symptoms.
- If the client reports one area as comfortable and another as uncomfortable, you don't need to immediately shift your contact to where there's discomfort. Have them hold those two areas together in their awareness as best they can. This dual awareness is one way to help contain an uncomfortable sensation or feeling. As the work progresses, the client might report spaciousness that is moving. This means that expansion is occurring, and they're feeling their internal space more.

- Be careful of continued expansion without contraction; the client could bottom out and go into the counter vortex without balance (which in turn can lead to instability that pushes them back to the trauma vortex).
- Your awareness and the client's awareness may be different. Just because the client is noticing something different than you are, it doesn't necessarily mean that you don't have the correct focus.
- We want to contain feeling as it is emerges; "Just feel the feeling". As affect emerges, we don't want it to obliterate coherence, so we may move our hands actively and increase the tone of our contact in order to help stabilize their newly found coherence.
- Some people have a habit of influencing (and in some cases pendulating) the sympathetic and parasympathetic nervous system by consciously taking a deep breath. Consciously taken or not, a full deep parasympathetic breath not only affects the heart rate, but also "massages" the abdominal viscera directly below, influencing the afferent vagal transmission. Similarly, gentle pressure to the abdomen on exhalation can stimulate the vagus nerve. Conversely, the diaphragm may be tightly held with sympathetic charge (bracing), and the breath may be both shallow and high; this influences afferent transmission from the abdominal viscera differently, and is more typically experienced as anxiety or another form of activation.
- As organization comes into the system, it can allow more discharge. After deep healing cycles, look for coherence to return with nice soft synchrony of the breath, muscles, and blood volume.

In summary, in visceral work we work not only with the viscera, but also with visceral affects, and the feedback loops of the vagus system as they affect the entire system. Ultimately we are working with the interplay between three ancient systems in the body: the head, heart, and gut brain.

Working with the Viscera through Sound

In Advanced 1, we used the Vooo sound as part of the syndrome and energy well work, as a way to gently mobilize the digestive system and provide feedback to "unlock" the parasympathetic brake. This in turn allows a small amount of sympathetic activation to mobilize. A similar process can be used to work with the viscera more directly. There are a number of healing modalities that use vibratory sound to support overall health in the body, including the organ systems. The sounds below can be used as gentle stimuli for both the viscera and the diaphragms.

Vooo – digestive system
Vuu - sound for the abdomen and genital area
Aah - sound for the throat
Angh - sound for the back of the throat and the mouth
Vaa - sound for the organs and back
Hiss - sound for aggression

As with the Vooo sound, do a few repetitions and then wait to see what happens. Track your client's experience so that you don't overdo work with these sounds.

Completion

The changes produced in the physiology through touch work can be very profound. It is important not to overwork any of the physical or physiological systems. There are choice points in any session where you know the client is doing well. For example, their heart rate may be slower and their breathing calmer, and other signs of activation might have diminished. The client is really settling, their nervous system is integrating, and you question whether to go on and risk starting another cycle, and thus losing the integration. You can sit with them, be with them in the settled state, and see what their body tells you in order to determine whether to do more work or to stop there. If you don't get a clear sense, or if a client doesn't know if they want to continue or stop, this can be an indication to stop. It's important to follow a cycle to completion and relative stability, rather than continuing and risking going too deep or overstimulating their physiology.

As noted in Advanced 1, there will typically be temporary periods of disorganization as the client's organism transitions to higher orders of coherence and re-organization. Your goal should be to complete your work when the client is in a cycle of coherence, not one of disorganization. However, if the client continues to move into more disorganized states, without returning to coherence, this is a clear sign that too much work has taken place. At these times, you need to discontinue your work and let the client's system return to as much of a stable state as is available. You cannot "fix" this return to disorganization by doing more work. Let the client settle as much as possible, resting within your own coherence to help support theirs as much as possible.

Transition

When you're near the end of the session, slowly and gently bring your client into the here and now. Make a careful transition away from physical contact, as described in the Touch and Attention section on page A2.35. Clients are often in a non-ordinary state of awareness after having connected so deeply to their internal world. Allow enough time at the end of the session for them to become fully oriented to the outside world again. To help them transition in a contained way, invite them to open their eyes and orient to the room. Begin by having them connect their internal experience to their more oriented state: does the room appear differently to them now; does their vision seem any different; are they noticing changes compared to how they felt at the beginning of the session?

Help your client transition from lying, to sitting, to standing in steps so that the coherence and stability gained are not lost with each step. First, have the client roll to his side. Take a few moments to have him notice how he feels with this change of position. Take it easy and slow, since each of these transitions is a big shift for someone who has just done a lot of work. When the client feels ready to sit up, stand nearby so you can help stabilize him as he moves into a seated posture (also see section on Table Safety).

Once the client is sitting, he is not necessarily stable. Continue to monitor him and again invite him to orient to his surroundings. Dizziness or feeling spacey are common, and should be allowed to move

through. Encourage the client to relax into the sensations, and let them pass as part of the natural process of reintegration. Do not have him try to stand while he is feeling dizzy. Any change in position tends to create a strong reaction after this type of work, since the nervous system is usually highly sensitized. If necessary, bring a chair or stool near the table so the client can rest his feet on a stable surface while seated on the table. Having the legs dangling in space can sometimes create a bit of disorientation.

Only after the client is feeling clear headed should you have him stand. Some clients will need to move from sitting on the table to sitting on a chair before the final transition to standing for any length of time.

Table Safety

During class, and when working with clients, it's important to practice good table safety:

- Establish the good habit of regularly checking the table for wear and tear; periodically check and tighten the knobs of the table legs.
- As a client gets off the table, stand next to the table near her. Brace your hip against the side of the table so you can help her if she loses her balance. In some cases, you'll need to maintain contact by touching her leg with your leg to give her some way to find the ground. In other cases, you can bring a chair to the table, and have the client rest her dangling feet on it as a way to begin to find the ground before making the transition to standing. Do make sure they are stable as they make these transitions (from lying to sitting to standing) and then transition back to the here and now.

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SE TOUCH: CONTAINMENT WORK VS. ENERGY WELL WORK

SE Touch: Containment Work Vs. Energy Well Work

There will be clients with "hyper-responsive" systems where the initial work you do is **only** with the intention of containment (i.e., no energy well drops). Learn to distinguish (and understand why) some clients with "hyper-responsive" systems require only containment, while others are able to move, step by step, through several energy wells in one session.

With clients severely suffering from their (often multiple) trauma history, you often simply attempt to work **just enough** to gain some stability, and more containment. These are the clients who may have fallen apart after an accident, who can't tolerate anything (i.e. sound, light, being around people, etc.). They may have a myriad of symptoms beyond classic PTSD and they may also re-injure themselves (trauma re-enactment) over and over again. You certainly won't work a miracle cure, and, in fact, don't even want to move them from one energy well to another. By working one little step, then another, then another, eventually they can do deeper work. This type of work demands developing the ability to perceive subtle changes and understanding containment. This is done by "practice, practice, practice", taking every opportunity to acquire skills to develop and refine your perception. As you learn to sense shifts in coherence through your hands, your perception of what's happening in the body can increase dramatically.

The reason for not initially working toward even one energy well drop with severely suffering clients is that you deliberately don't want to release any energy. Instead, the aim is just to help them be comfortable with the experience that movement within the energy well (that they're currently in) is possible. A client doesn't realize this if they're fragile and frozen within the energy well. By working with containment within a single energy well (i.e., increasing the capacity to expand in response to activation within that single energy well) the client gets a sense of what containment feels like, and learns that movement within the energy well is possible. Look for things happening within them that will enhance coherence and expand the container. However, you absolutely need to make sure not to start the process of unwinding and the possible exacerbation of symptoms that goes with it.

Use touch with these clients **just long enough** to decrease sympathetic activation "a little bit" and get some coherence. Touch just long enough for awareness to come in (i.e., until there is some sense of coherence). If you touch a highly dissociated area for too long, the highly dissociated parts will re-associate, causing high sympathetic arousal and a release of energy. This may cause the client to jump to the next energy well, or it may cause a multiple energy well drop, followed by rebound back up into a narrow energy well. If dissociated parts fully associate in these fragile clients, they will begin to unwind and create great potential for destabilization in the system.

Keep in mind *"EVERYTHING IS CONTAINMENT NOW"* as you work with these kinds of clients. These are the clients you **should** check everything with; *"Is that OK?" "Is this too much?"* Choose language to reframe or to give them the idea not to feel too much, e.g., *"Feel the tears to feel relief "* (versus plummeting into too much grief). At any point, place your hands at both sides of their container to give

an extra wall of support to their container, versus pushing them over into the next energy well. This is very critical to both conceptualize and implement. If measured, spectral readings might show shifts from sympathetic arousal to greater coherence with each little bit of containment.

In terms of a timeline, as you work with these clients, take one little step at a time, and follow their progress month by month. You should notice change at approximately six months. Remember, some clients' structures are so fragile and disorganized that they are having a very tough time, so make yourself available for phone check-ins between sessions, if possible.

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STUDENT SELF-ASSESSMENT

Student Self-Assessment Questionnaire

Advanced: Module 2

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
How touch can be used to track coherence	1	2	3	4	5
How touch can be used to support and encourage coherence	1	2	3	4	5
How touch can be used to notice containment	1	2	3	4	5
How touch can be used to support and build capacity for containment	1	2	3	4	5
Placement of attention while touching	1	2	3	4	5
The SE model of working with joints	1	2	3	4	5
The SE model of working with body diaphragms	1	2	3	4	5
The SE model of working with the viscera	1	2	3	4	5
The difference between working with containment vs. energy well work	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
Ability to notice coherence through touch	1	2	3	4	5
Ability to support coherence through touch	1	2	3	4	5
Ability to notice containment through touch	1	2	3	4	5
Ability to support and encourage containment through touch	1	2	3	4	5
Recognition of coherence as it emerges (via changes in body tissue, breathing patterns, structural changes)	1	2	3	4	5
Facilitating restoration of coherence in joints	1	2	3	4	5
Recognition of resonance between joints (between at least 2 joints)	1	2	3	4	5
Facilitating restoration of coherence in body diaphragms	1	2	3	4	5
Recognition of resonance between body diaphragms (between at least 2 diaphragms)	1	2	3	4	5
Facilitating restoration of coherence in the viscera	1	2	3	4	5
Recognition of resonance in visceral systems	1	2	3	4	5
Recognition of resonance between different types of body systems (joints, diaphragms, viscera, musculoskeletal)	1	2	3	4	5
Ability to track titrations at the physical level (through touch or other observation)	1	2	3	4	5
Ability to track pendulation at the physical level (through touch or other observation)	1	2	3	4	5
Can continue with verbal tracking of sensation while also working deeply with touch contact	1	2	3	4	5
Can adequately manage client's activation during touch work	1	2	3	4	5
Ability to integrate SE into my own form of practice	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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