Somatic Experiencing®

Beginning Year

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Introduction/Overview

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

Somatic Experiencing offers a new and hopeful perspective on trauma. It views the human animal as a unique being, endowed with an instinctual capacity to heal, as well as the intellectual spirit to harness that innate capacity. It asks and answers an intriguing question: Why are animals in the wild, though routinely threatened, rarely traumatized? By understanding the dynamics that make wild animals virtually "immune" to traumatic symptoms, the mystery of human trauma is unveiled.

Somatic Experiencing is a short-term naturalistic approach to the resolution of post-traumatic stress reactions. It is based upon the ethological observation that animals in the wild utilize innate mechanisms which regulate and neutralize the high levels of arousal associated with defensive survival behaviors. Somatic Experiencing normalizes the symptoms of trauma, which bind this arousal, and offers the steps needed to resolve activation and heal trauma.

Although humans possess regulatory mechanisms virtually identical to those in animals, these systems are often overridden by neo-cortical inhibition (through the rational mind). This restraint leads to the formation of a constellation of symptoms, including pain, patterns of bracing and collapse, cognitive dysfunction, anxiety, and a sense of intrusion. Through the focal awareness of bodily sensation, individuals are able to access these restorative physiological action patterns. This allows the highly aroused survival energies to be safely and gradually neutralized. Unregulated arousal previously "locked in" the neuromuscular and central nervous systems can be discharged and completed, thus preventing and resolving traumatic symptoms."

Peter Levine, Ph.D., 1997

The Somatic Experiencing Model

"Traumatic symptoms are not caused by the event itself. They arise when residual energy from the experience is not discharged from the body. This energy remains trapped in the nervous system where it can wreak havoc on our bodies and minds."

— Peter Levine

Definitions of Trauma

- "Trauma originates as a response in the nervous system, and does not originate in an event. Trauma is in the nervous system, not in the event." *(Levine)* Similar symptoms can develop from a wide variety of events. New York hospital research by David Levy in 1946 showed that children's responses to hospitalization were similar to, and as severe as, the experience of shell-shocked veterans.
- Trauma is "a breach in the protective barrier against (over)stimulation, leading to overwhelming feelings of helplessness." *(Freud)* SE adds "over" to this definition and relates this to a loss of resiliency in the nervous system.
- "Psychological trauma is the state of severe fright that we experience when we are confronted with a sudden, unexpected potentially life-threatening event over which we have no control, and to which we are unable to respond effectively no mater how hard we try." *(Flannery)*
- "Traumatic events are extraordinary, not because they occur rarely, but rather because they overwhelm the ordinary human adaptations to life… the common denominator of trauma is a feeling of 'intense fear, helplessness, loss of control, and threat of annihilation.'" *(Herman)*
- The DSM-IV definition begins: "The person has been exposed to a traumatic event in which both of the following were present: (1) the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others. (2) the person's response involved intense fear, helplessness, or horror."
- "Biologically, trauma is organized around the (fear-potentiated) tonic immobility response present in animals from insects to man. The key to resolving trauma is in 'uncoupling the fear from the parlaytic immobility, allowing the intense energies bound in the immobility state to be accessed, freed, and ultimately to be transformed." *(Levine)*
- "Trauma happens when the organism is strained beyond its adaptational capacity to regulate states of arousal. The (traumatized) nervous system disorganizes, breaks down and cannot reset itself. This manifests in global fixation, in a fundamental loss in the rhythmic capacity to self-regulate arousal, to orient, to be in the present and to flow in life." *(Levine)*

Somatic Experiencing, A New Paradigm

Animals in the wild are rarely traumatized even though they are routinely threatened. Animals have a natural "immunity" to traumatization in the wild that is severely undermined in confined laboratory conditions. Humans respond to threat more like animals kept in laboratory conditions. The SE paradigm explores the differences between natural reactions vs. laboratory reactions, and the application of that understanding to the healing of human trauma.

Nature has instilled in all animals, including humans, a nervous system capable of restoring equilibrium. When this self-regulating function is blocked or disturbed, trauma symptoms develop as ways of binding the undischarged arousal or activation. *(Levine)*

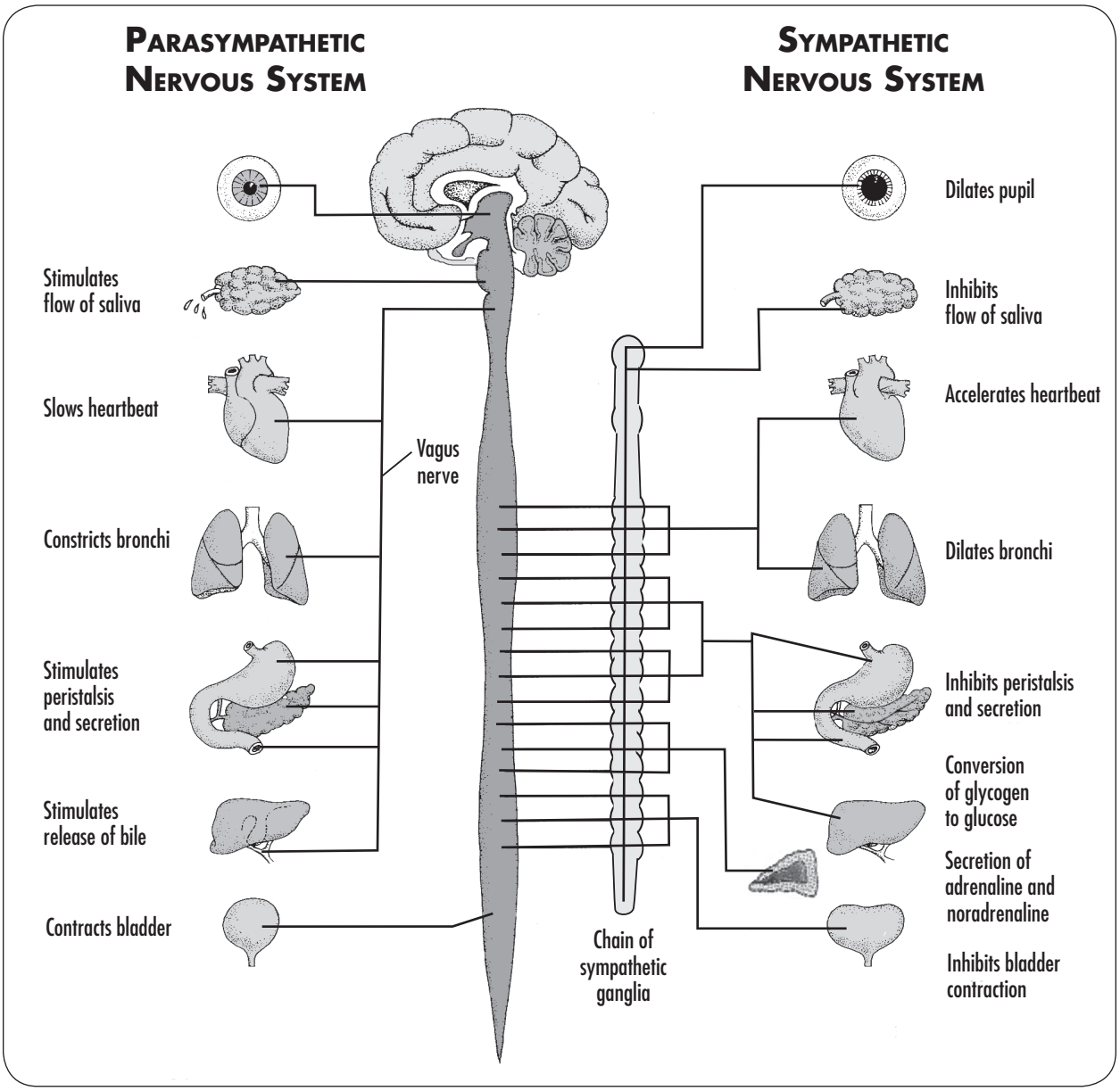
The Physiology of Response to Threat Among Animals and Human Beings

Overview

The **Autonomic Nervous System (ANS)** regulates all the basic functions of our bodies, including our visceral system (the internal organs). The ANS operates automatically, without our control, and is the source of our survival responses.

There are two branches of the ANS: the **Sympathetic Nervous System** and the **Parasympathetic Nervous System**. In many regards, they are mirror images of each other – controlling opposite physical and emotional reactions, depending on the external environment in which we perceive ourselves to be at any given moment.

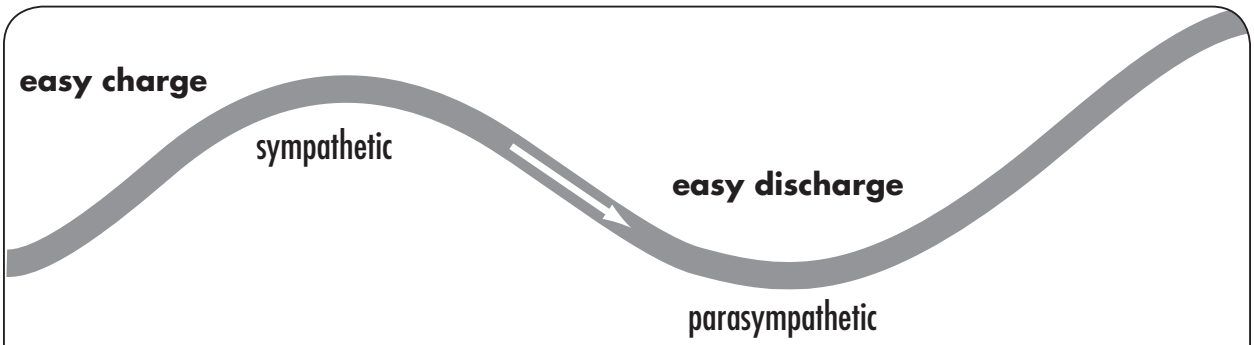
Note: In later parts of the SE training, we will discover that there are actually two distinctly different branches of the parasympathetic nervous system. The simplified model presented here provides a helpful overview of the interplay between sympathetic and parasympathetic function.



The Parasympathetic Nervous System (PNS)	The Sympathetic Nervous System (SNS)
The PNS **helps us rest**. It helps us unwind, reorganize and regenerate after threat or stress — and the consequent SNS arousal — have passed by: • Helping us let go of muscle tension. • Lowering heart rate and blood pressure. • Warming our skin and returning its blush. • Aiding in digestion. • Slowing and deepening breathing. • Returning blood to the peripheral vessels (turning our skin flushed and warm again). • Allowing the immune system to fully function again. • Secreting bodily fluids. When there is extreme arousal of the SNS, the PNS also acts like an emergency braking mechanism which dramatically slows all body processes, resulting in the freeze response. Trauma may result in the PNS staying "on", which causes it to superimpose shutdown over the hyperarousal of the SNS, rather than discharging its energy *(see pages 6-7)*.	The SNS gets our whole body **ready for action**. It regulates arousal. It increases activity during times of stress and arousal — whether positive or negative. It is active when we're alert, excited, or engaged in physical activity. It prepares us to meet emergencies and threat by: • Increasing our heart rate, respiration, and blood pressure. • Shifting blood away from our digestive system to our muscles to allow for quicker movement. • Constricting our blood vessels and draining the blood away from the skin periphery (which turn pale and cold) to prepare for potential injury. • Dilating our pupils, retracting our eyelids and focusing our eyes. Trauma may result in chronic hyperarousal of the SNS, causing the physiology to respond as if threat is constant *(see pages 6-7)*.
The *Parasympathetic branch* acts like the brake pedal for our nervous system. It helps us to relax, unwind and ultimately discharge the arousal of sympathetic activation.	The *Sympathetic branch* is like the gas pedal of our nervous system. It gives us energy for any action we plan, and it helps us prepare for threat.

Healthy Nervous System Response

In healthy response to threat, the PNS releases the brake, allowing the SNS to increase arousal and prepare to respond to the perceived threat. The increased arousal mobilizes flight and fight responses. Extremely high levels of arousal trigger an immobility, or freeze, response. This is like slamming on the brakes to shut down the high activation of the SNS.



Somatic Experiencing works with the charge and discharge of activation (arousal) from the Autonomic Nervous system (ANS) arising from a threat stimulus. The activation will be resolved to the degree the discharge cycles are effectively completed (i.e., whether the energy of arousal flows through or becomes locked in the ANS).

A healthy nervous system has ongoing cycles of charge/discharge, with a functional range and a full spectrum of resiliency.

How do we know when a person's nervous system is in balance and at rest?

- The person will be relaxed and at ease
- The body and its senses will be relaxed, yet alert
- The person will be embodied, present through all layers of self (physical, emotional, psychological, spiritual)
- The person and their physiology will be appropriately responsive in a variety of circumstances
- The person's responses will be fluid and resilient
- The person will be available for connection and will be emotionally stable
- The person will experience that they have choices and options
- The person has a capacity for healthy relationships

Relaxation Response

The relaxation response is a term coined by Herbert Benson, MD, to describe the body's natural movement toward a resting state: "The relaxation response is a physical state of deep rest that changes the physical and emotional responses to stress (e.g., decreases in heart rate, blood pressure, rate of breathing, and muscle tension)."

When eliciting the relaxation response:

- Your metabolism is in the resting state
- Your heart beats more slowly and your muscles relax
- Your breathing becomes slower
- Your blood pressure decreases

"Repeated activation of the relaxation response can reverse sustained problems in the body and mend the internal wear and tear brought on by stress."

Herbert Benson, MD,
Timeless Healing, 1996
From http://www.mbmi.org/basics/whatis_rresponse_TRR.asp

"Just as we have the 'stress reaction' as one of the body's built-in response systems, so there is an innate relaxation response.

The relaxation response brings about decreased muscle tension, lowered heart rate and blood pressure, a deeper breathing pattern, calming of the belly, and a peaceful, pleasant mood. The problem we face in managing stress is that the stress reaction is more easily elicited than the relaxation response. The stress reaction happens immediately without any effort on your part. A loud noise at this moment would startle you, and the stress reaction would speed through your body. A stress reaction happens automatically, while the relaxation response must be purposefully sought and brought under control. While the relaxation response will occur naturally, as when you sit on the beach watching the ocean; hectic modern society does not give us many chances for such natural elicitation. To control our stress we must engage in an intentional practice of creating the relaxation response."

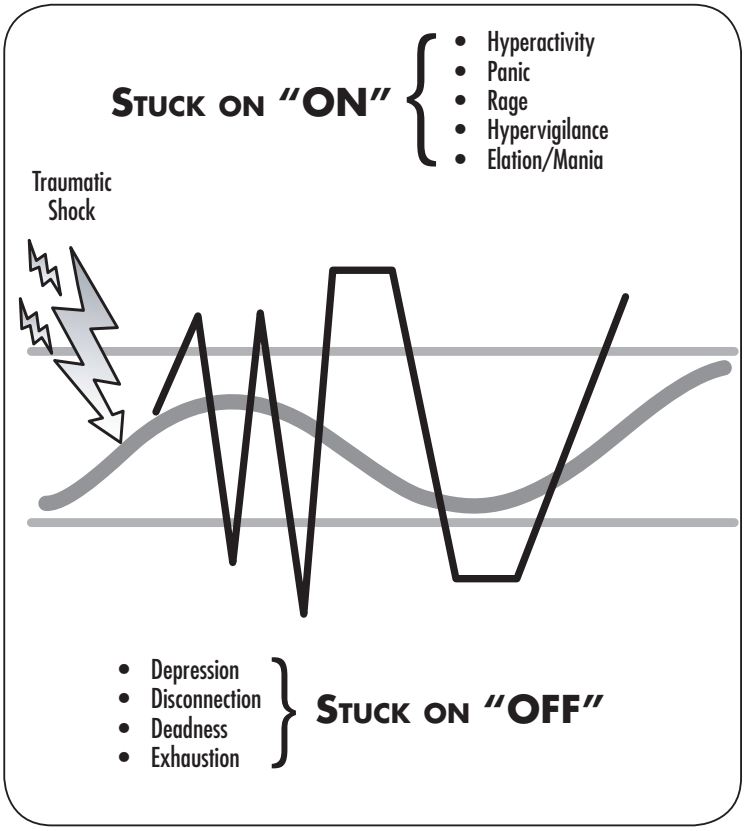
From: http://www.lessons4living.com/relaxation_response.htm

If threat responses are successfully completed, and danger is perceived to have passed, the PNS again begins its function of naturally dissipating the SNS response of arousal. Arousal is dissipated via the natural re-regulatory mechanisms of this reciprocal system. If the immobility (freeze) response has been triggered through extreme braking of the SNS by the PNS, then mobility must first be restored prior to the normal PNS/SNS re-regulation occurring.

Traumatic Stress and ANS Dysregulation

Traumatic stress symptoms arise when the normal re-regulatory mechanisms are interrupted in some way.

- The dysregulated ANS is much like a car driven with both the brake and accelerator fully engaged. It is characterized by severe erratic fluctuations and/or fixity in nervous system response.
- The nervous system becomes over-activated when stimulation is introduced too fast or too soon, or when it is too much for normal resiliency to process. Many events can trigger such over-activation, and the symptoms that follow are biologically predictable.



Symptoms of Traumatic Stress

Symptoms of traumatic stress are a way to "bind" the high levels of activation or arousal in an over-activated nervous system. Symptoms can include:

- **Over-activation of the SNS, hyperarousal, constriction**
  - **Physical:** increased heart rate, difficulty breathing (rapid, shallow, panting), cold sweats, tingling, muscular tension, exaggerated startle response, chronic pain, inability to sleep or relax.
  - **Mental/emotional:** tendency toward anxiety or panic attacks, mania, rage outbursts, hyper-vigilance, racing thoughts, worry
- **Over-activation of the PNS, disconnection, dissociation**
  - **Physical:** low energy, exhaustion, numbness, low muscle tone, poor digestion, low heart rate or blood pressure, poor immune system function.
  - **Mental/emotional:** depression, dissociation, apathy, disconnection in relationship, under-responsive
- **Concurrent Over-activation**
  Both branches of the ANS are over-activated simultaneously: anxiety underying depression ; muscle rigidity in one area of the body with low muscle tone elsewhere; diarrhea alternating with constipation.

"The very structure of trauma, including hyperarousal, dissociation, and freezing, is based on the evolution of the predator/prey survival behaviors. Trauma symptoms are the result of a highly activated incomplete biological response to threat, frozen in time. By supporting this frozen response to thaw, then complete itself, trauma can be renegotiated."

— Peter Levine

Self-regulation

Experienced clinicians can feel very activated when they are learning something extremely new. It is difficult to go back to beginner's mind, but in this work making peace with beginner's mind is essential.

The ability to track, to be with oneself, to know when one goes into overwhelm (from too much stimulation of any kind) and to know what is needed to return to center (functional range), will be important skills to develop during the training process. Participants need to attend to managing their own activation during the training. Exploring ourselves through sensation and body awareness can be satisfying and relieving, but also very activating (i.e. triggers a strong physiological, as well as emotional reaction). Because we are discussing trauma, the material can be provocative, much of it unconscious or preverbal. As part of the self-assessment process, students are encouraged to be sensitive to particular experiences during the training.

Some common behaviors, sensations and indicators of activation which may occur during or after class:

- Destabilization often arises during transitions: going to/from breaks; arrivals and departures; going into and out of class exercises.
- If you feel yourself being irritable, anxious, sleepy, or spacey you may be activated.
- Ruminating; projecting; having strong desires to flee or isolate; excessive anger or criticism toward the training, the teacher, assistants, fellow students or FHE staff is sometimes a manifestation of activation.
- If you find yourself doing some of your favorite self-soothing activities in somewhat obsessive ways, this may also indicate your activation level has risen without you consciously noticing.

- It is often much more difficult to manage your own activation when you are the observer in triad practices, or when observing a demo in front of class, than when you are the practitioner. It is especially helpful to take note of your own body state when in the observer role.
- Feeling disconnected or unable to ask for assistance is sometimes a sign that you have moved into a freeze or immobility response.

The following exercise can be practiced in the extended version presented here, or used in an abbreviated version as you move through each transition in the training (moving from client to observer in triad practice; moving back to the classroom after breaks; moving from the classroom to practice groups after lectures).

Notice the sensations of settling and take time just to be present to "arrive" – one molecule at a time. Then, notice the group field, the support and containing quality of that resource, and expand that awareness to the international SE field – building on the fact that there is an enormous amount of support and expertise as we take this journey into group field. Whenever you come back from a break, or the group has become activated by a discussion or disturbance in the environment take a moment to re-settle. You do this to develop a habit of checking your own activation and then settling yourself, as you would have to do in your own office when doing SE with clients. With this kind of exercise, group containment and group process become a constant source of teaching the awareness and embodiment skills so central to SE practice.

(Thanks to Nancy Napier for this exercise)

Specific steps you can take during the training to increase your awareness of your own activation in its earliest stages, manage your activation, and increase your capacity for self-regulation:

- Check in with yourself on an ongoing basis to monitor your activation level.
- Identify your style of acting out (or in) when activated. Before acting on impulses to flee or isolate, and before allowing anger to express directly toward others, take a few moments to check in to your sensations and notice if activation is driving these responses.
- If you tend to go into freeze or dissociation, it is often helpful to have a trusted fellow student or assistant be on the lookout for your typical signs of these states so they can help bring your attention to them when they are happening.
- Identify techniques in advance that are helpful for you to feel more present and settled (see sample exercise left). Identify your personal resources and use them in class as regularly as possible so they become second nature.
- Assess your ability to self-regulate in class and assume responsibility for asking for, and accepting tracking help from assistants.
- Come back to felt sense; ground.
- Get support from fellow participant, assistant.
- Develop strategies to enhance self-regulation.
- Move gently, breathe, take time to settle, limit continued stimulation (sound, light, etc.).
- Understand that responses might be delayed and occur outside of class – be prepared to get support from friends and family, and to understand that unexpected responses can be related to these delayed reactions.
- Try not to go into isolation.
- Focus on the above in consultations or private sessions.
- Focus some private sessions or consultations on increasing your learning edge in this area.
- The required number of private sessions in each year of the training is considered the minimum; more sessions are often needed to increase skill in self-regulation. Self-regulation is a key behavior and skill in the practice of SE.

Somatic Experiencing®

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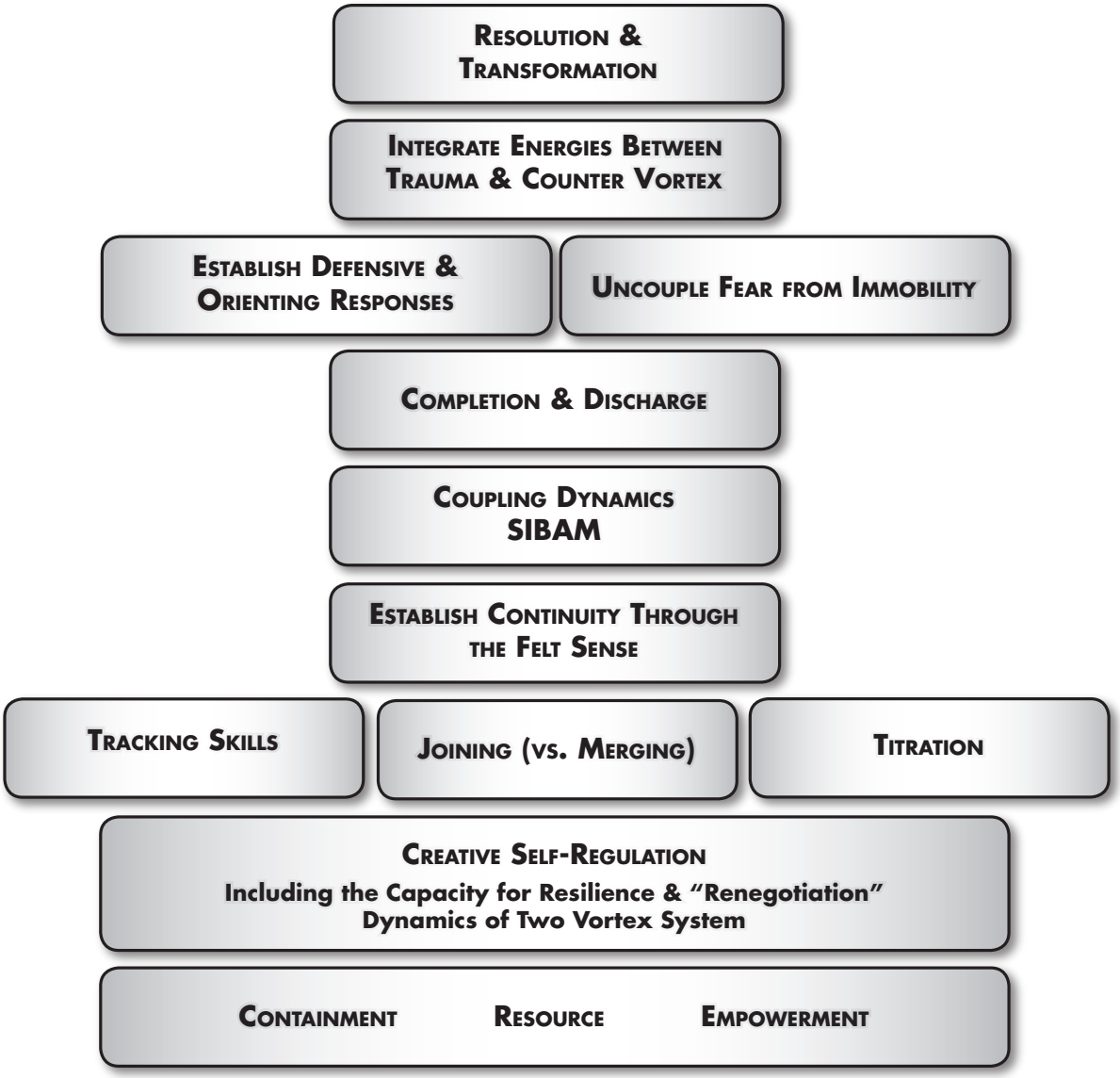
Module 1

Key Concepts in the SE Model for Healing Trauma

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

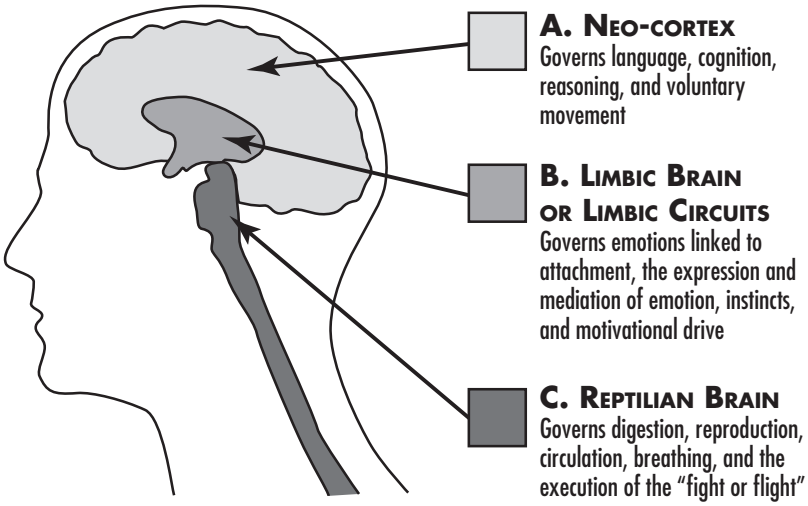
SE Building Blocks



The following diagram illustrates the layers of our triune brain:

THE TRIUNE BRAIN MODEL

The Triune Brain information is presented as a simplified model, helpful as a basic construct for understanding brain function.



The Triune Brain model is adapted from the work of Paul MacLean

A. The **Neo-cortex**, the top layer, is sometimes referred to as the superior or thinking brain. It controls our use of language, communication skills, and our higher cognitive functions including reasoning, planning, and flexibility. This layer of the brain also controls voluntary movement and manages self-regulation by inhibiting and regulating the other layers of brain activity. The neo-cortex contains the sensory association areas. Symbolic thinking functions here, including associating and symbolic representation. The neo-cortex remembers events and time chronologically; it tells a story, usually in sequence.

B. The **Limbic Circuits**, also called the emotional brain, govern attachment to others and assessment of emotional relevance of experiences. It includes the amygdala (fear) and hippocampus (memory). The hippocampus comes online at 17-18 months of age. Prior to this time, the human brain has little explicit memory of time and space. Preverbal (implicit) memory is more sensory-motor in nature. This layer of the brain registers strong emotions such as fear, terror, rage, and joy. It also governs motivation, attention, and affective memory. The limbic circuits govern two levels of emotional expression: (1) the early affect states of the baby (primitive terror, rage states, and their associated facial expressions); (2) the finer emotions, categorical in nature, that we use to communicate complex feelings states with each other (for example, compassion). The limbic circuits also contain key receptors of sensations.

Trauma impairs thinking processes and rational problem-solving abilities. It causes the neo-cortex to lose its capacity to discriminate or inhibit activity from the other parts of the brain.

In order to heal from trauma, the neo-cortex must be re-engaged. We can do this by using conscious awareness (neo-cortical-level brain activity) to focus on our own body's internal sensations (which stem from our limbic circuits and reptilian brain level). This helps to facilitate the re-integration of the three parts of our brain.

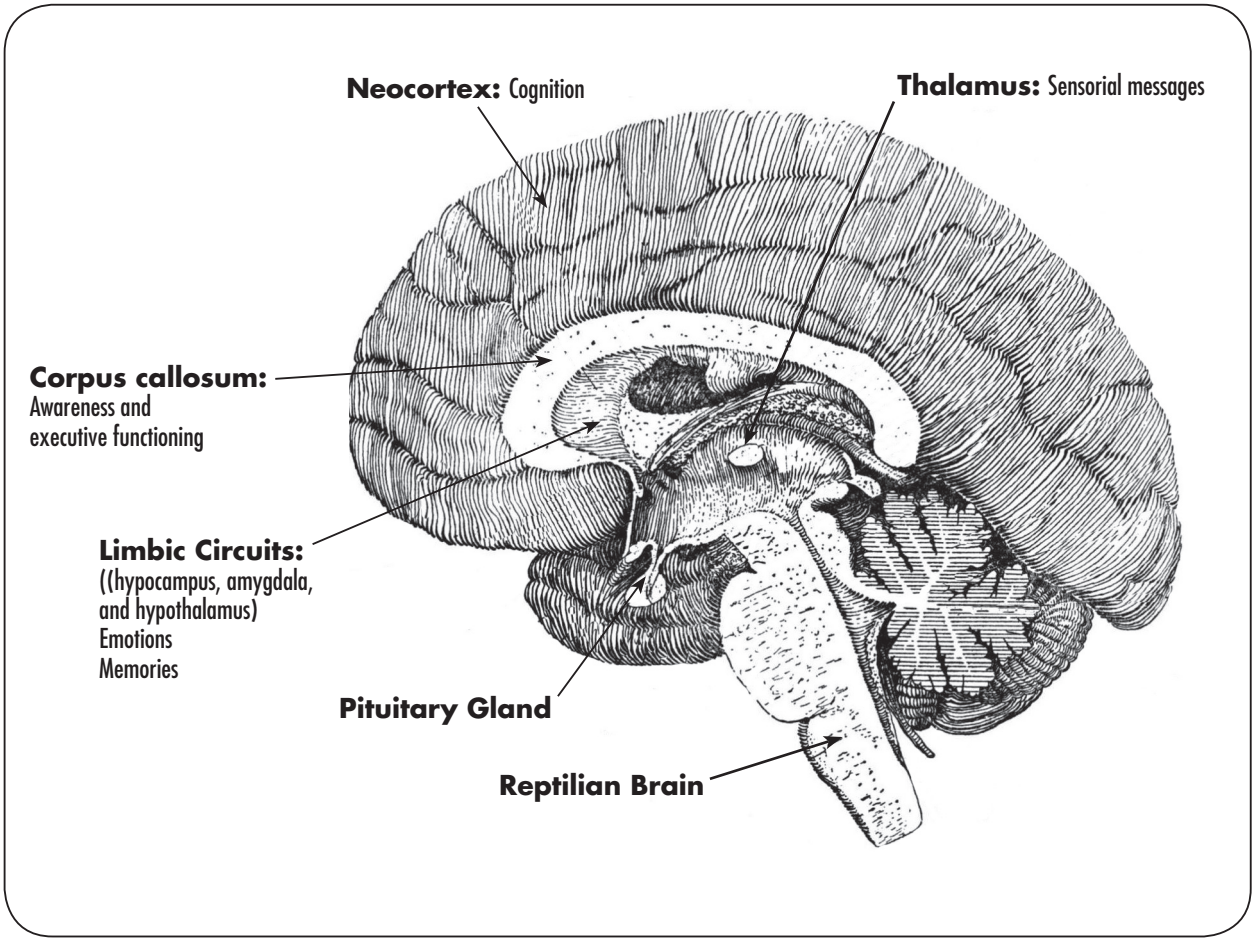
Trauma overactivates the limbic brain. Unhealed or unresolved trauma continues to trigger the defensive – but no longer necessary – responses of fight, flight and freeze. However, these responses are *relevant to healing and renegotiation of trauma.*

Trauma puts the primitive brain into a state of constant activation. The result is impulsive, automatic reactions, which alternate between frenzy, withdrawal, and immobility/paralysis.

Our basic survival depends deeply on our emotions: our brain drives us to seek to repeat experiences which are pleasurable, and to avoid experiences which result in pain.

C. The **Reptilian Brain**, also known as the primitive brain, governs our instincts and reflexes. This layer controls our basic physical response to stress or threat: our fight, flight and freeze reflexes. The "language" of the reptilian brain is sensation.

This layer of the brain also governs balance, arousal preceding movement, and all basic vital bodily functions such as breathing, digestion, circulation, sleep, heartbeat, sexuality and action.



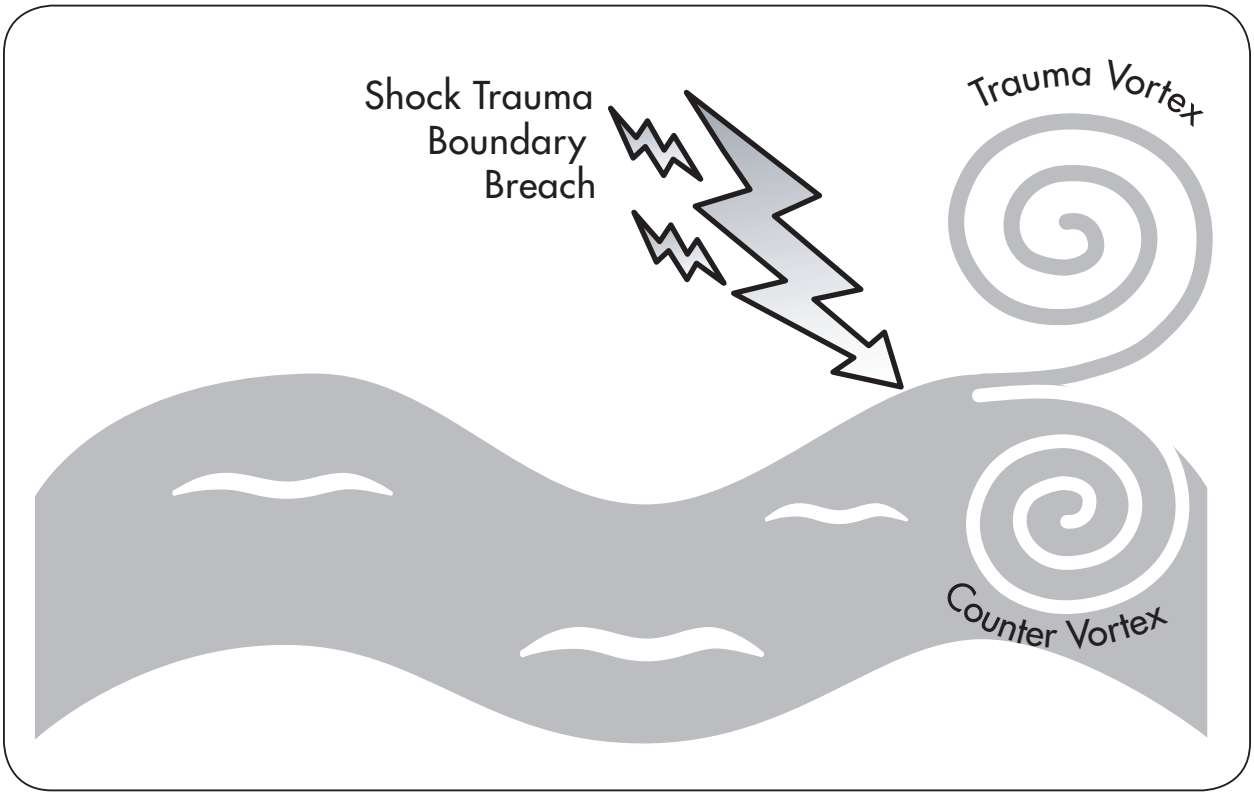
The Stream of Life Model

The Stream of Life Model, as well as the concept of the trauma vortex and counter vortex, are useful methaphors, rather than a scientifically factual representation of trauma responses. They are presented here as a symbolic representation of the effect of trauma, as well as of the organism's inherent healing capacities.

The stream of life is a metaphor representing our emotional life running like a river contained within its banks. The stream contains our thoughts, feelings, and behaviors that are under our control. The banks are the boundaries against excessive stimuli, which allow us to feel in control of our lives. Stones and boulders in the river represent difficult developmental situations we faced in our lives that may account for some quirks of our personality, but are still under our control. In the stream of life, there is coherence and continuity, with a cohesive experience of past, present and future.

Shock trauma arises from an event that is too fast or too much for our nervous system to integrate or manage. It breaches our barriers against excessive stimuli and overwhelms our capacity to respond, triggering feelings of intense fear, helplessness and loss of control. Developmental trauma arises from overwhelming experiences of neglect, physical, and emotional abuse that occurred in childhood, and is often intertwined with experiences of shock trauma.

When trauma occurs, our protective "river bank" boundary is ruptured. This creates a rush of arousal energy beyond our control, a trauma vortex outside of our normal contained life experience. Simultaneously, a counter vortex is formed. It is small at first, but is within the stream of normal, contained life experience. This counter vortex needs to be built and strengthened through accessing resources, and can help deactivate the highly charged trauma vortex. Both vortices are needed for healing and integration.



Overview of SE Methods and Techniques

Sensation: Language of the Reptilian Brain

- Sensation-based language; survival language; includes the senses.
- Speak slowly and softly, but not hypnotically.
- Expand the experience of sensation through language, with pacing, rhythm, tact, and timing.
- Use invitational language vs. directive: "I'm wondering what else you might be noticing." "What would it be like if you stay with that sensation?"
- Orient language to facilitate continuity of experience and completion of biological processes.
- Use reflective, empowerment language: "As you learn to trust your body more and more…"
- Use of felt sense: According to Eugene Gendllin, Ph.D., who coined the term in his book *Focusing*, "A felt sense is not a mental experience, but a physical one, a bodily awareness of a situation or person or event. [It is] an internal aura that encompasses everything you feel and know about the given subject at a given time – encompasses it and communicates it to you all at once rather than detail by detail."

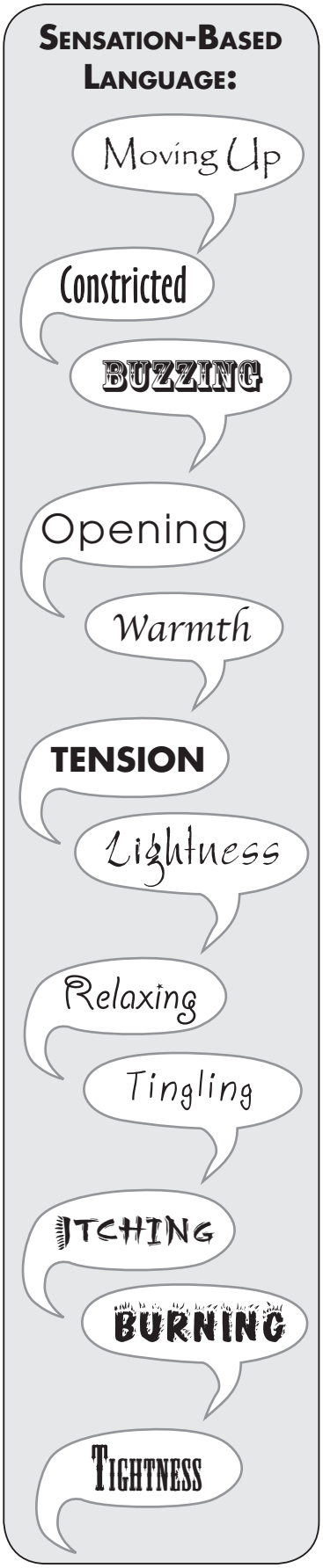
(See Appendix A, at the end of this module: Courting the Reptilian Brain.)

Tracking Sensation

- Move through the activation/de-activation cycle, allowing the nervous system to integrate within that cycle.
- Bring back the elements of awareness, mobilizing the sensory-motor energy; restoring, developing and organizing both the physiology and affective states.
- Restore the sense of gravity, appropriate muscular tone, accurate sense of time; validating the affective states using the SE tools and the quality of presence.
- Notice any change – is this part of the trauma vortex or counter vortex?
- Read the impulses and inhibitions; what is the underlying conflict?

Some of the goals of accessing sensation:

- To engage the brain stem/ reptilian brain because this is where the ANS/ survival responses are housed.
- To slow the nervous system down.
- To broaden awareness of bodily experiences.
- When we access sensation, we're touching into the activation, which means we're accessing a portion of the trauma. We need to know:
    - How to get to it.
    - What to do when we get there.



A general map for tracking sensation:

1. **What** are you noticing/experiencing right now? (tightness)

2. **Where** in your body do you feel that? (in my chest)

   Give them a moment to feel it and see how they do with it.

   You can say something affirming, like "tightness right there"

3. **Get details:** What are the characteristics, sensations, qualities?

   Tell me what it's like, how would you describe it? If it were a thing, what would it be? A rock, a ball, a fist, a rope…

Stretch the sensation out. You can ask about size, shape, color, texture, weight, is it moving, where does it begin and end, can you notice the edges.

4. **See what happens next.** As you stay with it, what happens? Move it along in time.

   If it becomes more intense (find a resource)

   Find a place in the body that is less tight

   Have them feel their feet or the support of the chair they're sitting in

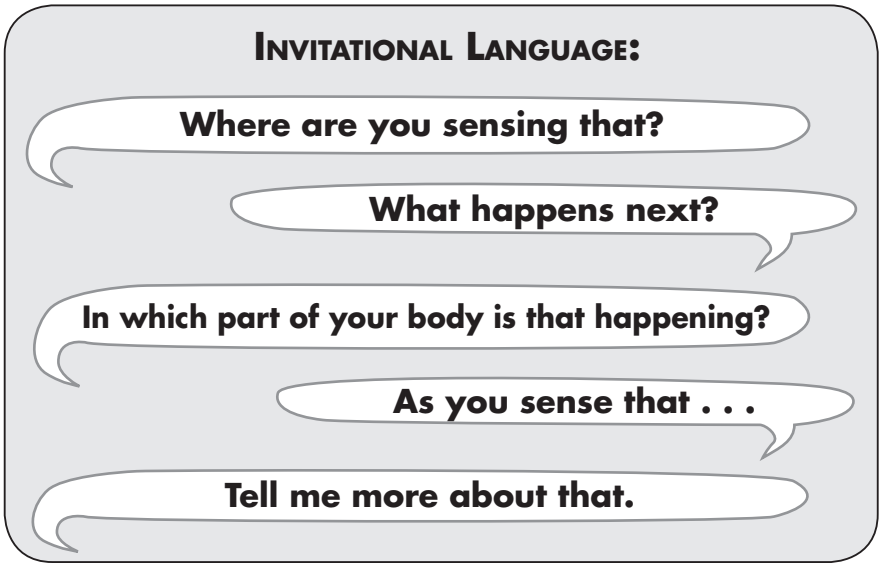
   Bring them "out", into the room

   Use imagery

   Less intense, stay with it and see what you become aware of next.

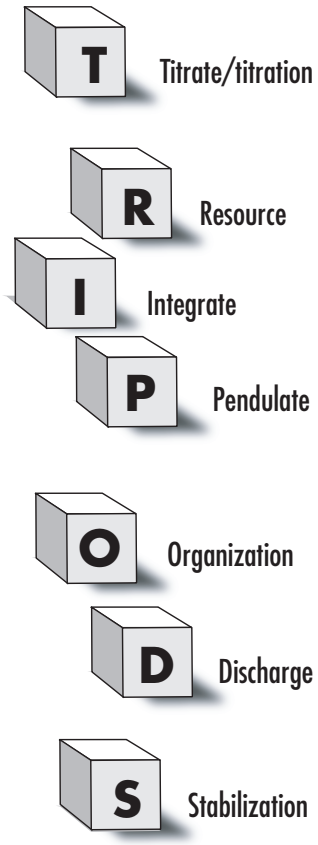
5. **Broaden the awareness to the rest of the body**

   Bringing awareness to the extremities helps the client to notice that there are other things happening in their body other than intense activation. This may also facilitate a channel for discharge, or highlight the emergence of defensive responses.



TRIPODS

TRIPODS is an acronym for several aspects of SE, but not a protocol for working with a client. This is a simple tracking model (as is ROSE, on page 21), which may be helpful for students to use for remembering different elements in an SE session. TRIPODS is what the client does during a session, not necessarily in this specific order.



- **Titrate/titration:** Give minimal perturbation. Wait to settle before the next perturbation. Use the smallest amount of activation to cause a shift in the nervous system. Take a small bit of disorganization, and contain the system from going into overwhelming disorganization. Lower the arousal or constriction in small steps. Breaking down stimulus or charge into manageable pieces that can be integrated and moved through successively = renegotiation.

- **Resource:** Anything which connects us with a deeper capacity for organization; a bridge to deeper connection. Internal and external anchors that help a client feel calmer and less activated, so that they have the capacities needed to manage the renegotiation process without being overwhelmed. Induce positive sensory-motor states in the body through internal or external resources that set the conditions for pendulation and supports the stability of the counter vortex. Anything that helps a person maintain a sense of self and inner integrity in the face of disruption. Resources are generated by the self-regulatory capacity, although they may sometimes be generated cognitively. Developing capacity for organization is an iterative and dynamic process.

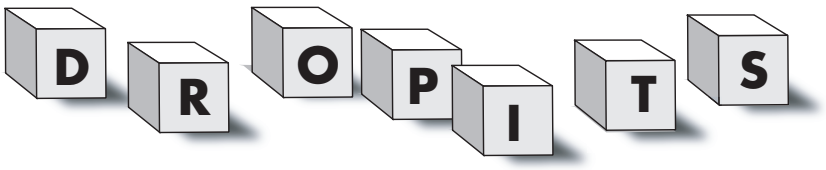
- **Integrate:** Consolidation of the changes accomplished; allowing the new capacities to permeate the entire system. Allow the benefits of successful pendulation to spread through various systems.

- **Pendulate:** Inherent rhythm of the nervous system to move between expansion and contraction. The rhythm of the nervous system. From chaos to order, disorganization to organization. This is an inherent biological capacity, which sometimes will be used mechanically in the beginning to support inherent capacities. It is automatic on an involuntary level eventually; moving from voluntary/mechanical to involuntary/inherent. **Note:** Pendulation is not the same as making a conscious shift of attention from one thing to another (i.e., from fear to sensation).

- **Organization:** Movement toward coherent, organized function within a single system, or between various systems. Reorganization and completion of survival responses; reorganization of nervous system pathways and function; reorganization of behaviors, etc. Organization can also be seen as self-regulation, self-organization.

- **Discharge:** Release of high arousal of energy in the ANS to bring about self-regulation in the system. Returning to baseline, resting states.

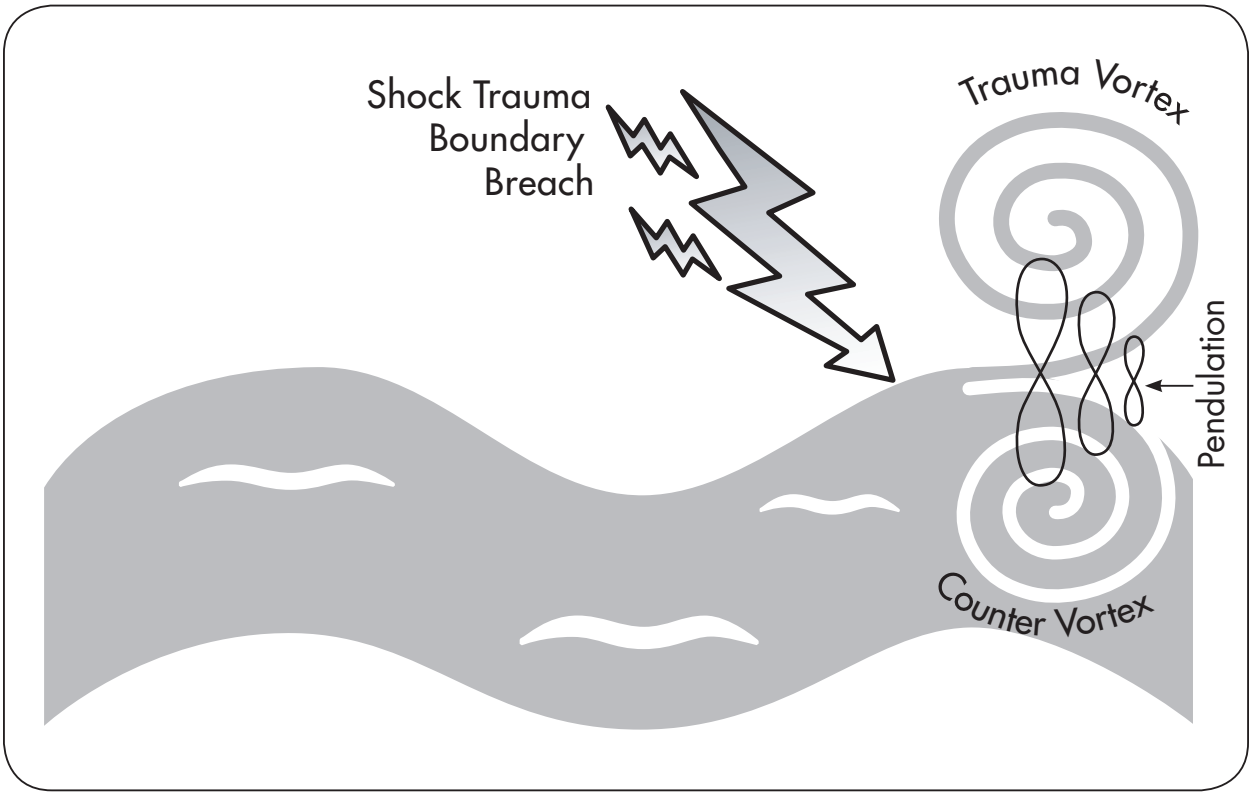
- **Stabilization and Orientation:** The client's physiological responses are now stable enough in their organization that he or she naturally returns to a state of curiosity and engagement with the environment. The self-regulatory mechanisms are functional enough to allow awareness of the internal body environment without being overwhelmed by sensations, and of the external environment without being overwhelmed by the stimulus which arises from exploration of that environment.



As noted, TRIPODS is a tracking model that may be helpful for remembering all of the elements that go into an SE session. However, it is important to remember that these elements will be used in different combinations, and different orders, throughout a session and over the course of time with your clients.

As an example, you may begin with stabilization, move into titration and pendulation, then back to stabilization. The repetition of that cycle may constitute the entire session with a particular client.

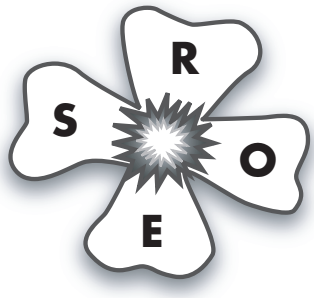
Stream of Life Model with Pendulation Added:



Note: *Pendulations should move from the periphery of the vortices to the deeper core.*

ROSE

ROSE (This is what the practitioner does, not always in this order)



- **Resonance:** Somatic resonance between practitioner and client. Track client's process via own body (inner sense). Use of one's own body as reference and support for observation, and for techniques/tools being used. The therapist's capacity to sense the client's inner experience without being invasive. The basic field of presence of therapist is the most important factor in working with titrating trauma responses.
- **Observation:** Tracking client with outer senses.
- **Self-report:** Elicit client self-report. Client reports on their inner experience. Might need assistance from practitioner to find appropriate words or expression of experience.
- **Education:** Assist client in understanding their symptoms, how to recognize normal signals of dysregulation and re-regulation, etc. As with TRIPODS, ROSE is a simplified model presented as an aide to remembering the tools the practitioner may use in an SE session. These tools may be used in different combinations, or to greater and lesser degrees with different clients.

(Thanks to Raja Selvam for developing the TRIPODS and ROSE teaching aids.)

Movement Through Time

In trauma, time stops. The traumatized person literally cannot be fully present, in the present, and will often have no sense of or hope for the future (futurelessness), other than the vision or belief that past traumatic events will repeat themselves. Sometimes past trauma will usurp the present time completely, as in a flashback, when the whole sensorium from a part of the event literally takes over the client's awareness and they lose their capacity to reality-test. At other times, the invasion of traumatic material is only partial, and the client can observe the two co-existing realities simultaneously.

- The resolution of traumatic stress involves re-establishing continuity of self, movement into present time, the sense of accurate location and coherence of experience.
- Help the client establish a new, updated sense of reality arising from an increasing sense of resiliency and transformation. As the client completes past traumas, they move forward in time to the present.
- Clients might need to be encouraged to identify trauma-induced world views and to explore other, more resilient and creative perspectives. For example, moving from a mood of endurance toward enjoyment, or from a victim-perpetrator identity to that of an empowered individual.
- We sometimes use the following short-hand language:
    - Experiences that happen prior to the primary traumatic event = T –2, T – 1
    - The primary event itself = T – 0
    - Experiences that follow the primary event = T + 1, T + 2

  An organized time line can be expressed as: T – 2, T – 1, T – 0, T + 1, T + 2
- Event-specific loss of time and continuity may need to be repaired. Clients can be focused on pre-event scenarios in order to attempt to "avoid" the event. They must make it to the other side with their awareness intact in order to "know" that they did in fact make it through. You do not have to do this chronologically. You must discharge the fear associated with the immobility responses in order to pass through T-0 without overactivation, (which would provoke the immobility response or dissociation again.)
- After T-0 has been passed through successfully, there is often intense expansion, creativity and a deep sense of peace and/or embodied sense of wellbeing. Suggest that the client bask in this, and do not rush over this state, which is a sign of deeply resourced, self-regulated healing.
- Rejuvenation. Much energy, vitality and aliveness will return as past traumas are resolved. It is important that the client allow this rejuvenation to take hold and allow their reserves to rebuild, because they have been depleted during the time that they have been dealing with the exhausting trauma symptoms. Don't disperse the new energy for a while (contain it instead); let it stabilize so the nervous system can adjust to a higher degree of aliveness.

Containment and Managing Activation

Unresolved activation will be stored in the body as bound energy and manifest as trauma symptoms. This energy should be released gently, like letting air out of an overstretched balloon; otherwise the charge itself will reactivate the threat response internally even in the absence of an outside stimulus. Because activation can show up unexpectedly, you need to know how to contain and manage high activation states, and movement out of the trauma vortex back to the counter vortex. You also need to know how to identify the warning signs that come before high activation. Containment is a bounded quality of awareness, which allows the inner environment to be experienced as a felt sense.

In the renegotiation of traumatic experiences, it is important that clients develop an increasing capacity for dual awareness, which allows them to notice the underlying stability of the counter vortex while simultaneously experiencing the turbulence and activation that typically accompanies contact with the trauma vortex. As the client moves from being able to hold only "either/or" awareness of isolated sensations and experience, into the "both/and" continuum of awareness that signals an increase of containment, the somatic continuity of experience is restored. This becomes evident as the client makes the transition from needing active self-regulation to being at ease with interactive regulation that includes social engagement, curiosity about self and other, and about internal and external environments.

The more stable the counter vortex is, the more contained the client will be during the session. Building capacity to manage activation by supporting the resources needed for stability in the counter vortex means the client will have greater tolerance for touching into the bound energy of the trauma vortex, without becoming overwhelmed.

However, even in spite of the practitioner's best efforts at creating the ideal conditions for effortless renegotiation, it will still sometimes happen that contacting high levels of bound energy in the trauma vortex will destabilize the client's capacity for containment. Under these circumstances, it is helpful to know what to do to support the restoration of stability:

- Keep in mind that the practitioner's own settled nervous system will be one of the primary invitations for the client to move back to stability. Stay in calm somatic resonance with the client; use your own capacities for managing your own activation to keep the somatic field stable.
- Have the client open his eyes. Gradually work with the level of visual perception and distance. Let him know he is safe in the room with you, and have him notice the indicators of that safety.
- Orientation to the external environment will typically move the client back to more parasympathetic response. Invite the client to take a few moments to allow her attention to go where it wants in the external environment (as opposed to simply asking her to look at something).
- Social engagement, which is mediated by the parasympathetic branch of the ANS, invites the client back to a more parasympathetically-dominant state.
- Prior to, and during your work with the client, establish good stabilization and orientation habits. Develop strategies for how the client will be able to ground, orient, and stabilize and practice those methods when activation is relatively low. This will make these capacities much more readily available during times of high activation. Repeatedly practice having the client orient to time, the external environment, to gravity, to previously-identified internal resources.
- During the course of your work with a client, have her work to develop deeper somatic awareness so she is more in tune with her sensations, and can therefore notice the signs of activation much earlier in the process.

Orienting and Protective (Defensive) Survival Responses: Introduction

The Threat Response Cycle

The details of each stage of the threat response cycle are covered thoroughly in Beginning 2, the following is a brief introduction.

The threat response cycle is a hierarchy of responses that are triggered, initially, by novelty in the environment. The cycle progresses as follows:

- Startle/Arrest response/preparatory orienting.
  Arrest and startle responses may occur simultaneously.
- Defensive orienting response (DOR)
- Specific defense
  - Fight
  - Flight
  - Freeze
- Completion
- Exploratory orienting response (EOR)

Orienting Responses

- The behavior of an animal when it experiences and responds to novelty in its environment is called an "orienting response".
- These instinctive responses are as primitive as the reptilian brain that organizes them. The process of determining where it is, what it is, and whether it is dangerous or desirable happens first in the subconscious.
- The dual response of reacting plus inquiring is widely recognized as the dominant feature of orienting behaviors. Orienting responses are the primary means by which we tune into our environment. These responses are constantly merging into one another and adapting to allow for a range of reactions and choices.
- In healthy orienting, expectancy, surprise, alertness, curiosity and the ability to sense danger are all forms of kinesthetic and perceptual awareness that arise out of the orientation complexes.
- In a traumatized person, these resources are diminished. Often, a stimulus will activate the frozen (trauma) response rather than the appropriate orienting response.
- Defensive orienting responses (DOR) take place in the context of response to specific threat. For example, orienting to find an exit from a room during an earthquake.
- In a traumatized person, defensive orienting may get stuck in the "on" position (hypervigilance, hyper-responsiveness); or conversely, be extinguished as a result of the nervous system categorizing a specific orienting response as being ineffective (disrupted orienting, under-responsiveness).
- In the renegotiation of trauma, movement through defensive orienting and back into exploratory orienting (curiosity with resiliency) is a sign of the return of equilibrium to the orienting responses. Restoration of healthy and adaptive orienting responses is a critical element in trauma recovery.

Protective (Defensive) Survival Responses: Fight, Flight or Freeze

- Universal and primitive defensive behaviors are called the "fight or flight" strategies. If the situation calls for aggression, a threatened creature will fight. If the threatened animal is likely to lose the fight, it will flee, if it can. These responses are instinctually orchestrated by the reptilian and limbic circuits.
- When neither fight nor flight will ensure the animal's safety, there is another line of defense: immobility (freezing). This response is just as basic and universal to survival as fight or flight responses.
- On the biological level, success doesn't mean winning, it means surviving, and it doesn't really matter how you get there. Nature places no value judgment about which is the superior strategy.
- The efficacy of fleeing or fighting to escape danger is obvious. The efficacy of the immobility response is less apparent, yet it is equally important as a survival mechanism. No animal, not even the human, has conscious control over whether or not it freezes in response to threat.
- There are significant advantages to the freeze response:
    - Many predatory animals will not kill and eat an immobile animal unless they are very hungry. Immobility is an imitation of death that misleads the predator into sensing that the meat may be bad.
    - Predatory animals have greater difficulty detecting potential prey that are not moving.
    - If a predator comes upon a group of prey animals, the collapse of an individual can distract the predator momentarily, allowing the rest of the herd to escape.
    - Freezing provides an analgesic mechanism that minimizes pain. This may allow the prey animal to escape even if wounded. Animal studies have shown that even animals of the same species will attack one of their own if it displays behaviors associated with being wounded (such as licking a wound).
    - The freeze is a response of conservation withdrawal so that the prey uses less energy, helping it survive.
- As with orienting responses, previously unsuccessful defensive responses might be extinguished, and therefore be unavailable for future use when needed.
- Protective capacities and reflexes (motor development) form in specific developmental sequences. They are age-appropriate during childhood; immature survival responses are supposed to be replaced by more mature responses as the infant/child develops. Developmental reflexes that did not have the chance to form correctly, or in the correct sequence, may cause a disruption of orienting and defensive responses. This in turn predisposes the individual to injury, which can further extinguish normal orienting and defensive responses.
- Restoration of healthy defensive responses is a critical element in the successful renegotiation of trauma.

"Traumatic symptoms are not caused by the event itself. They arise when residual energy from the experience is not discharged from the body. This energy remains trapped in the nervous system where it can wreak havoc on our bodies and minds."

— Peter Levine

Renegotiation

The overall process by which the traumatic response (constriction, hyper-vigilance, helplessness and dissociation) is transformed into natural vitality and aliveness. The process of pendulation, moving between the feelings and sensations related to the trauma (trauma vortex),and feelings and sensations related to resiliency (counter vortex) occurs instinctually, so the organism achieves healthy homeostasis.

SIBAM: Introduction

SIBAM: Beginning 3 covers SIBAM in detail; a simple overview is provided here.

Our experience can be broadly classified into five components of experience. They are **S**ensation, **I**mage, **B**ehavior, **A**ffect, **M**eaning – **SIBAM**. This is the way we organize experience and how we organize our responses.

- **Sensation** is the component that is often neglected in psychotherapy training because it most directly relates to the body.
- **Image** or Impression can be internal or external.
- **Behaviors** can be verbal/nonverbal, voluntary/involuntary, conscious/unconscious, depending on which level of the brain is involved.
- **Affect** or feelings are also sensations, but they represent certain patterns of sensations involving the limbic or midbrain structures.
- **Meaning** is defined here strictly in terms of linguistic explicit meanings.

Coupling Dynamics: Introduction

B**eginning 3 covers coupling dynamics in detail; a simple overview is provided here.**

- Coupling refers to an association between a stimulus and a response. In SE, coupling dynamics refers to the relationship that different aspects of SIBAM have with one another. It also refers to the response of the nervous system to a stimulus that it perceives as similar to a prior trauma experience.
- When different elements of SIBAM become too connected or over-associated, they are **over-coupled**. When different elements of SIBAM are disconnected or fragmented, they are **under-coupled**.
- Any aspect of SIBAM can get over-coupled, such that the same old pattern appears no matter what. This **sensation** is always being connected to that **image**, always to that **behavior**, always to that **affect**, always to that **meaning**.
- Any aspect of SIBAM can become fragmented, or under-coupled. Dissociation is a form of undercoupling.
- In SE, we work to slow down, take apart and individuate over-coupled elements of SIBAM. We work to bring under-coupled elements together, to make new connections and integrate all levels of experience.

Appendix A

Courting the Reptilian Brain
Basic Principles

**(Thanks to Maggie Kline for the bulk of the material in this section.
Ariel Giarretto also contributed some material)**

Tracking sensation, SE-style, may be different than what you're used to. In addition to "listening", which is the focus of many other therapies, we also observe what is taking place at the body level. We are watching for how the client's body and nervous system responds to whatever is being spoken, felt or remembered. We use the "story" merely as a way of discovering where the activation is in relationship to moments in the traumatic event. We track for increase in activation, and we track for settling. We track for changes and shifts; we observe gestures, postures, and voice tone. We also us our own bodily awareness to help us track.

Sensation often accesses pre-egoic states, before the formation of psychological beliefs and before self-identity. If we remain in a particular state long enough we begin to have a felt sense of movement of life energy, which is vital and alive. It is a good resource -- a wordless knowing of who we are.

Facilitation

- Notice and stay present with sensation until it changes. Develop focused awareness and the capacity to tolerate sensation.
- Allow plenty of time. Use your voice — slow and gentle — to communicate a slower pace.
- Use neutrality. Wait for sensation to develop. Watch with curiosity rather than judging what comes up as right or wrong, good or bad.
- When client describes a sensation, reinforce that they are on the right track.
- If sensations are too difficult or too much, establish a safe place before going to sensation. Also work to ground sensations. Change the focus to support shifts between comfortable and uncomfortable sensations when stuck. Guiding the client to feel their grounding and resiliency facilitates safety and containment.
- Helping your client orient to the room, you and present time will also help sensations to be manageable. Knowing that they can return from an internal place to the mainstream of the here and now builds the client's confidence in controlling the pace so that difficult sensations become tolerable.

The Language of Sensation

- **Use <u>open-ended</u> questions such as:**
    - What do you feel in your body?
    - Where is the feeling in your body?
    - What are you experiencing now?
- **Use <u>invitational</u> language such as:**
    - What else do you notice as you explore that sensation?
    - Are you willing to stay with that sensation and see what happens?
- **<u>Explore</u> the sensation with questions that invite detail to help focus awareness:**
    - Where does it begin and end?
    - What are the qualities of that sensation?
    - Notice if it has a shape, size or color.
    - If the feeling spreads, notice if it has a direction?
    - Does it go from outward to inward or inward to outward?
    - Do you notice a center point to that tension, pain, etc?
- **<u>Broaden awareness</u> with such questions as:**
    - When you feel _____, what happens in the rest of your body? For example: When you feel that warmth in your chest, what else do you notice?
- **<u>Move through time</u> with such questions as:**
    - What happens next?
    - As you follow that sensation where does it go? How does it change?
    - Where or how does it move?
    - If it's stuck---how might it move if it could?
- **Help them to <u>savor and deepen</u> into the sensation with statements such as:**
    - Allow yourself to enjoy that tingly sensation, warmth, etc.
    - Take all the time you need.

The Vocabulary of Sensation

achy
airy
alive
bloated
blocked
breathless
brittle
bubbly
burning
buzzy
chilled
clammy
closed
cold
congested
constricted
constricted breath
contracted
cool
cozy
crampy
damp
dense
dizzy
dull
elastic
electric
empty
energized
expanding
faint
flaccid
fluid
flushed
flutter
frantic
frozen
full
furry
goose bumpy
gurgling
hard
heavy
hot
icy
intense
itchy
jagged
jittery
jumbly
jumpy
knotted
light
loose
moist
moving
nauseous
numb
open
paralyzed
pounding
pressure
prickly
puffy
pulled
pulsing
quaking
quiet
quivering
radiating
ragged
raw
rolling
shaky
sharp
shimmering
shivery
shudder
silky
smooth
soft
spacious
spacious breathing
spasming
spinning
sticky
still
stretchy
stringy
strong
suffocating
sweaty
tender
tense
thick
throbbing
tickly
tight
tightness of skin
tingling
trembly
tremulous
twitchy
vibration
warm
wobbly

Student Self-Assessment Questionnaire
Beginning: Module 1

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
Physiology of Trauma					
Cycles of the ANS (sympathetic and parasympathetic)	1	2	3	4	5
Healthy nervous system response	1	2	3	4	5
Traumatic stress and ANS dysregulation	1	2	3	4	5
Basic symptoms of traumatic stress	1	2	3	4	5
Basic concepts of self-regulation	1	2	3	4	5
Key Concepts of the SE Model					
SE method of sensation-based tracking	1	2	3	4	5
Language of sensation	1	2	3	4	5
Tracking activation, settling	1	2	3	4	5
Stream of Life model	1	2	3	4	5
Trauma Vortex	1	2	3	4	5
Counter Vortex	1	2	3	4	5
SE concept of titration	1	2	3	4	5
SE concept of pendulation	1	2	3	4	5
SE concept of resource	1	2	3	4	5
SE concept of discharge	1	2	3	4	5
SE concept of stabilization	1	2	3	4	5
SE concept of resonance	1	2	3	4	5
SE model of movement through time	1	2	3	4	5
SE concept of containment	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
Tracking own sensations	1	2	3	4	5
Tracking client sensations	1	2	3	4	5
Managing own activation (capacity for self-regulation)	1	2	3	4	5
Managing client's activation	1	2	3	4	5
Observing pendulation	1	2	3	4	5
Facilitating pendulation	1	2	3	4	5
Observing titrations	1	2	3	4	5
Facilitating titrations	1	2	3	4	5
Identifying resources	1	2	3	4	5
Using invitational language	1	2	3	4	5
Using body-based language	1	2	3	4	5
Basic recognition of patterns of constriction, activation, discharge, integration	1	2	3	4	5
Beginning understanding of SIBAM	1	2	3	4	5
Beginning understanding of coupling dynamics	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.)

_____

_____

_____

_____

_____

_____

_____