Potential Influences of the Somatic Experiencing Paradigm on Social Work Practice

By Nicola M-L Ranson, MSW

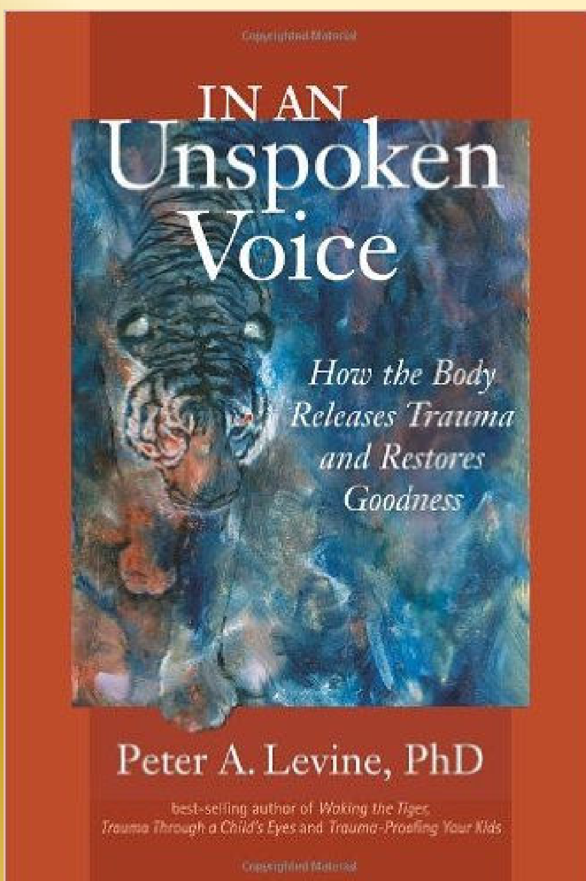
The biological basis that underlies the Somatic Experiencing approach provides a radical opportunity to transform both the understanding and healing of psychological trauma.

As a social worker with a bio-psycho-social-spiritual background, I understand that a comprehensive systemic perspective is necessary to approach the complex truths of a client's subjective world. We know that, as individuals, we are part of systems that impact us while we, in turn, impact them: e.g. school, family, workplace. A systems perspective also incorporates intrapsychic factors such as the relationship between moods and thoughts and physical health, as well as the mutual influence between these factors and social interaction.

Somatic Experiencing (SE)—Peter Levine's body mind approach to understanding and healing trauma—invites us to take the systemic approach to a whole new level, and work with the biological organism itself: the physical body. In SE, both bodyworkers and psychotherapists alike are trained to use subtle observation to "touch into" their client's biology. The practitioner learns to read the biological indicators of the client's nervous system state and, in the context of a safe therapeutic relationship, makes carefully timed interventions to impact the body and mind.

This is a "bottom up" approach to psychological healing. While intentional dialogue with the client is taking place, the practitioner is simultaneously alert to the physiological responses to interventions, "reading" the client's breath, for example, as an immediate source of feedback that will influence her next words or actions.

The system that the practitioner attends to is the nervous system, which is unique to each client, (and therapist), while sharing the basic equipment and responses with many other living beings. Our nervous system IS the body-mind connection. As we navigate our days and nights, cycles of activation and de-activation stimulate and relax us with all the associated mental and physical responses. Much of this passes below our consciousness; it is simply how our nervous system self-regulates when it is functioning optimally. But we certainly notice when nervous system dysregulation results in psychological distress. SE teaches how to influence the nervous system so that our innate capacity for self-regulation can be accessed and balance can be restored.



As Levine writes in his book, *In an unspoken voice: How the body releases trauma and restores goodness* , "This capacity for self-regulation holds the key for our modern survival - survival beyond the brutal grip of anxiety, panic, night terrors, depression and physical symptoms and helplessness that are the earmarks of prolonged stress and trauma."

Dr. Levine's life work has focused on understanding how trauma brings about dysregulation in the nervous system, and, more significantly for practitioners, how to create the conditions that will allow the natural rhythms associated with psychological health to resume.

Somatic Experiencing and the Freeze Response in Social Work Practice

By Nicola M-L Ranson, MSW

Peter Levine, who is a medical biophysicist as well as a psychologist, evolved his approach through his studies of animal behavior. His observations of animals in the wild led him to note that they frequently endure traumatic situations, yet rarely seem to suffer the on-going physiological arousal that is the aftermath of trauma for humans. Some animals in captivity, however, seem to show responses more in keeping with our own. Think of tigers pacing restlessly at the zoo (Scaer, 2005), or the unprecedented number of pets now taking psychotropic medication.

When he researched the difference between the wild animal and the civilized human response to trauma, he found that the animals tended to follow in-built behavioral patterns, which, if left to complete their course, allowed the animal to return to normal functioning. For example, if a prey animal such as a rabbit is about to be attacked and the defensive responses of fight and flight are not an option, it will likely become completely still. If the attacker leaves the situation, the rabbit will remain immobile for a period of time, go through some shaking, and then get up and spring away. Levine theorized that this immobility, or "freeze" response, was a protective mechanism which both reduced an animal's pain, (through a numbing of sensation and injection of feel-good chemicals), and provided an opportunity for escape, such as when an animal "plays possum" and fools the predator into thinking it is dead. Freeze seemed to come on board when the other defenses, fight and flight, were unable to thwart the danger. Once the immobility had run its course, activity could resume, and, in the case of the rabbit, it could run away.

According to this theory, the rabbit's shaking is a necessary component of coming out of the "freeze" or immobility. It appears to be an involuntary response that allows the dissipation of stress hormones that have accumulated in a life threatening situation. Levine theorized that the human physiology might also have an innate capacity to dissipate nervous system activation (Levine, 2010).

It seems that the symptoms associated with trauma, (for example, hypervigilance, an excessive startle response and dissociation), while originating from an initial incident or series of incidents, continue to be perpetuated by an overactive nervous system that keeps responding to the past danger as if it were still present. Levine states that, "Humans, in contrast to

animals, frequently remain stuck in a kind of limbo, not fully engaging in life after experiencing threat such as overwhelming terror or limbo” (Levine, 1997, pg. 16).

Levine theorized that these symptoms might be related to the incomplete defensive responses of fight flight and freeze, and that, if the correct conditions were in place, the nervous system arousal that originated in a heightened state of activation could be helped to reach a state of completion, allowing the body to return to its normal state of readiness.

Levine’s theory is supported by evidence that an absence of post-trauma symptomatology coincides with the successful enactment of defensive strategies. In other words, when the defensive responses of fight, flight or freeze are allowed to run their full course, the physiology, while temporarily charged with stress hormones, will eventually return to normal. For example, if screaming or running or shouting enables a potential victim to successfully avoid an attacker, she might be shocked or shaken temporarily, but would be unlikely to suffer from PTSD.

However, if this same victim were unsuccessful in mobilizing flight and flight, then the protective response of freeze comes on board. The victim, like the rabbit, might become very still, and have an experience in the dissociative spectrum such as becoming numbed, “spaced out”, or distanced, even to the extent of viewing the scene as if it were happening to someone else. Although, in ideal circumstances, this response could be successfully discharged through natural shaking and body movements, this rarely takes place in crisis situations. The victim can then be left with on-going dissociative symptoms which are some of the hallmarks of PTSD.

Helping clients to increase their understanding of the involuntary nature of freeze can provide relief and empowerment. There is a strong tendency to feel guilt when we have not responded to an emergency in the heroic ways we would have liked. For example, when a soldier learns that her immobility on the battle field was automatic and involuntary, a result of her body’s protective mechanisms doing their job, it can be the beginning of the journey towards recovery. I have worked with victims of torture, rape and war who have benefitted from this understanding.

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Viewed through the SE paradigm, one element of freeze that becomes apparent is that, while masquerading as stillness and vacancy, it is actually a state of heightened activation. This recognition of the nervous system activation that underlies symptoms in the dissociative spectrum provides both client and provider with a clear direction for treatment.

For example, one client of mine, Alex, a veteran with a PTSD diagnosis, had a spouse, Maria, who was irritated with his “spaciness” whenever they were about to go out. While Alex fumbled, unable to find his keys, Maria would take his apparent reluctance to leave the home personally and raise her voice. Of course this meant that her tone and volume were adding stimulation to Alex’s already overactivated nervous system. When this pattern was broken down and both Alex and Maria could recognize his “spaciness” as dissociation triggered by his nervousness about leaving the house, Maria was able to provide the support that helped Andrew to calm down, and feel safe enough in the relationship to leave the house with her.

Revisiting trauma memories involves accessing the states of heightened emotion during which the trauma took place. When a therapist invokes this there is a distinct danger of retraumatizing the client, something that may inadvertently occur in a clinical interview, (or may be intentionally provoked in certain exposure therapies).

In Somatic Experiencing, the intention is quite the opposite. A client seeking help for trauma recovery is already in an activated state, so generally no additional arousal is intentionally elicited until after some foundational work has taken place to enable the client to stabilize, connect with the here and now, and access an innate sense of safety. This is done through the skillful use of the therapeutic relationship, in conjunction with a variety of educational and experiential methods to help the client enhance his capacity to self-regulate. (This stage could take ten minutes or years depending on diagnostic and situational factors.)

When the trauma memory is accessed, it does not need to be through the "story" of the event, as the implicit memory is accessible through association. For example, working with the client's fearful response to an irate boss could also impact trauma resulting from an incident with an abusive father. While the narrative is an important component of the trauma, it is only one of many elements to which the SE practitioner attends while monitoring the client's nervous system state.

The Somatic Experiencing therapist gently guides the client through states of activation and deactivation in a subtle and intentional manner that brings about the release of nervous system tension associated with the related trauma. Ideally the client emerges feeling empowered, with the absence or reduction of trauma symptoms, and the sense of capacity that comes from experiencing that his/her own body has the innate ability to self-regulate.

It is beyond the scope of this article to detail how to bring this about; there are numerous "how-to" books and CDs available at the Somatic Experiencing Trauma Institute, as well as the practitioner training itself. But even without the SE training, the use of Levine's trauma paradigm, particularly his understanding of freeze as a defensive response, can enhance a practitioner's effectiveness and reduce the likelihood of re-traumatizing a client.

Levine deserves significant credit for his role in bringing "freeze" into the therapeutic lexicon where it is now becoming more commonly acknowledged as a full partner in the trio of defensive responses. Levine has spent his life lobbying for the recognition and understanding of this once marginalized and often misunderstood element of trauma. Arguably he was the first psychologist to be using body oriented techniques specifically for trauma recovery. His work led him to receive the 2010 Lifetime Achievement award from the United States Association for Body Psychotherapy (USABP).

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The Felt Sense of Safety and Pleasure and How They can be Applied to Social Work and Case Management

By Nicola M-L Ranson, MSW

I am unaware of any trauma treatment that does not stress the fundamental need for therapeutic safety. Even cognitive therapy, cerebral by its very name, needs adaptations when applied to the severely traumatized. Donald Meichenbaum, one of the leaders in cognitive therapy, stresses the necessity of establishing a warm and safe therapeutic relationship when working with PTSD. Noting that he sounded more like a Humanistic than a Cognitive therapist, one audience member asked him, “Whatever happened to cognitive therapy?” He replied: “Trauma happened.” (D. Meichenbaum, personal communication, April 18, 2007, “Promising Practices in Torture Treatment” conference, San Diego, CA).

However, comfort and safety are elusive for the traumatized client. Heighted anxiety can make body sensation intolerable, and the overactive brain anticipates every possible circumstance that might go wrong.

While the thought process obviously should be included in the panoply of therapeutic elements, body oriented psychotherapists do not see it as the route to a feeling of safety. As the Meichenbalm quote illustrates, a degree of calm and safety has to be in place before cognitive techniques can be used effectively. The cerebral cortex is not fully functioning when we are in flight and flight.

When in a state of heightened anxiety, such as a PTSD trigger, we are more under the influence of our primitive brain stem responses, so it is "bottom up" rather than the "top down" approaches that are effective. Safety, much like danger, is something experienced physically in an automatic manner outside cognitive control.

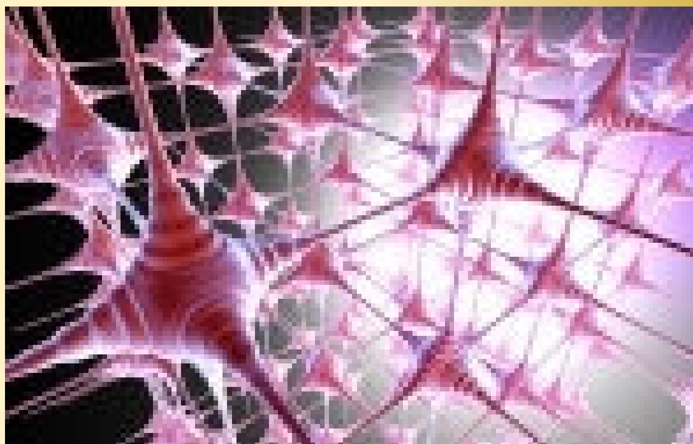
According to Levine, safety is experienced via the five senses, or six if we include proprioception. Sensory input is the way that our bodies learn. A scared baby is not going to learn that it is safe to go to sleep by being told so. Parents soothe infants using sensory input: through rhythmic rocking, soft vocalizations, gentle firm touch, eye contact and facial expressions. The parent/child interactions through sounds, movements, touches, looks and, arguably, smells, generate attachment, which could be seen as the foundation of the experience of safety. Levine (2010) states:

The interoceptive experience of equilibrium, felt in viscera and in your internal milieu, is the salubrious one of goodness: that is, the background sense that – whatever you are feeling at a given moment, however dreadful the upset or unpleasant the arousal – you have a secure home base within your organism (p.94).

In SE, the therapist encourages the client to mindfully experience a felt sense of safety, which means experiencing how the body senses the relaxed nervous system state that is associated with moments of calm or pleasure. Mindful sensing in itself acts as reinforcement.

Accessing and emphasizing these moments necessitates that the therapist be acutely attuned to the client's experience in the here and now. For example, when a client spontaneously experiences a moment of calm or pleasure, the therapist might join with the client and reinforce it. Or the state could be prompted by encouraging the client to disclose a recent experience of healthy pleasure, and then the therapist would use joining in order to promote the re-experiencing of the state. This serves the purpose of A) getting the client off the wheel of repetitious anxious thoughts, and B) allowing the client's nervous system to bathe for a few moments in pleasant parasympathetic activity. It is very difficult to worry about tomorrow while recalling the feeling of a shaft of sunlight on one's forehead.

According to my simplistic summary of an aspect of Stephen Porges' Polyvagal Theory, (Porges & Furman, 2011), nerve fibers that were involved in warning of discomfort and danger are redirected towards calming – the body can't do both of these at once. It is also possible that spending a little time, (and we may be only talking microseconds here), in creating new neuronal pathways is actually allowing them to grow (Scaer, 2005).



In skilled SE practice, the client's felt sense of safety and pleasure is elicited not only as a foundation for future work, but so

that corresponding states of activation can be interwoven in a manner that results in nervous system deactivation. The client learns self-regulation through learning to track the subtle rhythms of the nervous system itself. But for non SE practitioners, it can be very useful to become more effective in increasing the client's positive felt sense.

I say "more effective", because it is most likely that social workers are already doing some of this work, both because of fundamental Social Work principles, and because it can seem intuitive to pause in a supportive manner when the client is reminiscing about something pleasurable, or to join with a client when he is admiring an attractive plant in your office.

One principle I am referring to is the social work value of supporting client strengths. While many therapeutic approaches likely embrace this value, it is foundational in social work and makes social workers less likely than some of our peers to see clients through a lens biased towards pathology. With this in mind, it is likely that social workers will be open to the concept that our body's capacity to feel pleasure is a foundational strength in itself – and one that opens the pathway towards healing. It is a capacity that we all have, even if 'pleasure', in a dark moment, is simply experiencing less pain.

When working with suicidal clients on the Frontline of County Mental Health, I asked them what kept them connected to life, and attempted to help them strengthen this link. One thing that an SE perspective adds to this, is to help the client ground this connection in their physiological capacity to feel the link itself. If a client says he "likes" his dog, he could be asked, "How does the body know that? What is the sensation of stroking or patting or being licked? And how much do you feel that right now while recalling the memory?" A client who perceived himself as "dead" inside could find the reassurance that within his own physiology there are indeed sensations that he prefers over others, and that, by becoming interested in these, (bolstered by

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the therapist's interest), his capacity to feel "OK" or "alive" could become more stable. This then provides more solid ground, or containment, that allows the painful feelings to be safely felt.

The Somatic Experiencing paradigm allows us to understand that stabilizing a client's felt sense of pleasure and safety is an intervention in itself, one which offers a major contribution to the practice of Social Work. Case Management is one area in which this intervention could be used.

For example, when engaged with a client in the seemingly mundane tasks of picking out some clothing for the family, or successfully navigating a public transit system, the social worker is likely to say, "that's nice" or "well done", from the knowledge that she is supporting the client's self efficacy. While there are probably some benefits for a client to have their success acknowledged by a health professional, and it is likely to enhance the client/social worker relationship, SE suggests that these benefits will be greatly enhanced if the felt sense is introduced. For example, the social worker in the clothing scenario might reinforce a client's choice, joining with him in the sensory pleasure of a red shirt. Saying, "What a lovely red, what do you like about that color?" would encourage the client to further explore a spontaneous moment of pleasure, thereby basking in the feel-good chemistry of the parasympathetic arising from his associations with red, and now enhanced by the warm social contact. The client who had success using a bus might be encouraged to describe where she could feel that in her body, and the sense of efficacy and uplift could be enhanced by visiting the related memories of other prior successes. This would likely result in an enhanced felt sense of capacity, which would thoroughly internalize, indeed incorporate, the client's ability to take the bus.

I have noticed clients appearing to do better when engaged in effective Case Management. While there are multiple factors involved, the healing potential of the Case Management process can be greatly underestimated. It is often considered the poor step-sister of psychotherapy, (and can certainly involve a lot of onerous bureaucratic tasks that justify this.) The Somatic Experiencing paradigm illustrates that many "out of office" actions that help clients get their basic needs met, can be intrinsically healing in themselves depending on how they are carried out. Spending time in the felt sense of safety and pleasure, which is perhaps most strongly felt in a supportive human relationship, can be of great benefit to our clients – and to ourselves. Understanding this will allow practitioners to appreciate that laughing with a client over the mutual pleasure in enjoying red material is actually beneficial in itself, not something that should be quickly passed over to get to the 'real' work of exploring pathology. On the contrary, it allows a client to experience that it is safe to feel healthy pleasant sensation, which is an important step towards making unpleasant sensation less overwhelming; a key element on the path towards trauma recovery.

CLOSING

If social workers apply our systemic model to our own work, we can see that what we do, who we are, and how we behave influences those around us. We can lose sight of this when we become overwhelmed by the immensity of suffering that we see in our caseloads. By choosing a profession that, by its very title, professes to address the healing of society , we have elected to be part of the solution. But to continue to do this effectively our commitment to our personal well being is paramount.

The longer I work in the field the more aware I have become of the dangers of vicarious traumatization and associated burnout. The rules of reinforcement suggest that what you focus on increases, so in social work it is important to apply our strengths based model not only to our clients' world, but to our own.

This starts with our personal willingness to honor our own capacities to heal. These capacities are inherent in our bodies, and Somatic Experiencing is one approach that can help us to learn to listen to our bodies and influence our own nervous systems, so that they can return to a state of balance, and so take us in the direction of restoring wellbeing to ourselves, our families, our cultures and our world. To quote McDermott and Green, "Contemporary social work must take on board the discoveries of 'new' science if it is to be an active contributor in tackling the complexity inherent in twenty-first-century life" (Green & McDermott, 2010, pg. 2427). Somatic Experiencing, with its pragmatic focus on biology, has the potential to enhance social work practice. It provides a paradigm with far-reaching implications.

One implication is that there is a transcultural element inherent in SE's biological approach. Although our individual client interactions will be culturally influenced, biology itself transcends national divisions. We all have essentially the same nervous system and belong to the human (and mammalian) family. SE is practiced effectively in multiple countries, and trainings are popular in Brazil, Japan, South Africa and elsewhere.

If Levine's theories about how to influence the nervous system are correct, this ground-breaking approach can be seen as not only as an instrument to heal trauma, but as a paradigm that de-stigmatizes the ramifications of trauma as a mental illness, and validates some of the core values in a Social Worker's strength-based systemic approach. If our fundamental strengths are rooted in the rhythms of our own biology, we have the potential within us to help us return to states of balance, which in turn will influence our relationships to one another and to the world in which we live.

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