

Transformation through Embodiment: A Journey of Healing Trauma

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Abstract

This paper will explore how, through healing trauma, someone can reconnect to themselves, their body, to others and to the world, and experience what is known as *embodiment*. This paper examines both the devastating and transformational aspects of trauma. Loss of connection is the most common result of trauma. Reconnecting, especially to the body, in the process of healing trauma is also the process of embodiment. The physiology of the brain and nervous system explains how this disconnection takes place. Somatic Experiencing, an integrative modality for healing trauma, examines how the brain and nervous system can be utilized to transform trauma. Basic Somatic Experiencing techniques are detailed to exemplify how a client can stay embodied, so that they can integrate their experience and discharge residual traumatic energy. Contemplative Psychotherapy practices, such as mindfulness awareness, are explored as ways the therapist can work with her own mind, body and speech to benefit the client. Finally, a personal journey through the process of healing trauma signifies that transformation through embodiment is possible.

For one moment in my life, everything stopped. I entered a space void of sound, form, color, and smell. As I lay below the forty-foot cliff from which I had just fallen, I was saturated with stillness. The warmest feelings of love, peace, and bliss were holding me. In the weeks that followed my accident, my body remained motionless, while my spirit awakened. Questions of life, death, and purpose bombarded my mind. What about that unforgettable place of love? I went from not believing in anything spiritual, to being extremely curious about all things spiritual. As the world continued to spin, I lay in stillness...wondering. I was hungry for answers and searched for them in the following years.

After my rock climbing accident on July 4, 1998, I was not prepared for the pain and suffering that came with being traumatized. When I turned to the doctors, they showed me x-rays that proved to me that my bones had healed and told me that after two years I would not experience any more pain. Physical therapists assisted me in regaining full range of motion and then said I was back to normal. I agreed with everyone that I had survived the accident and that it was over. However, no one told me that I would be haunted for years by the imprint left on my nervous system from an accident that happened in just a few seconds.

For seven years after the accident there was so much intensity bound up in my body and I avoided the discomfort as much as possible. I walked around numb and dissociated. However, as much as I tried I could not avoid the energy that was continually aroused in my nervous system. Seemingly insignificant things could trigger disproportionately overwhelming feelings. These feelings would continue to gain intensity until I experienced disconnection and fatigue. At this time, I was also

hypersensitive to many sounds, sights, smells, and sensations. I felt completely powerless and confused by not knowing what was going on. Eventually, my attempt to avoid experiences that felt overwhelming led to a life of isolation and disconnection from others.

Peter A. Levine, Ph.D., (2005), a prominent expert in the field of trauma healing explains the level of disconnection that can result from trauma:

In short, trauma is about loss of connection – to ourselves, to our bodies, to our families, to others, and to the world around us. This loss of connection is often hard to recognize, because it doesn't all happen at once. We may simply sense that we do not feel quite right, without ever becoming fully aware of what is taking place; that is, the gradual undermining of our self-esteem, self-confidence, feelings of well-being, and connection to life (p. 9).

This loss of connection that Levine describes can be subtle. It took me about eight years to realize that the disconnection in my life and with my body was related to my trauma.

Traumatic experiences are unique. Some traumatic experiences can happen in an instant while others occur over long periods. Symptoms following trauma can arise hours or even decades after the experience. Further, each individual's response to trauma is different. Nevertheless, one thing remains true for everyone: "trauma results from any event that overwhelms a person's capacity to cope" (Heller, 2001, p. 21). The result is a significant source of suffering following trauma.

Suffering is often what motivates people to seek out the help of a therapist. Levine (2005) states: "trauma is the most avoided, ignored, denied, misunderstood, and

untreated cause of human suffering” (p. 7). Many people, therefore, are suffering from trauma but do not know why and are not able to get the help they need.

One of the most common symptoms of unresolved trauma is evidenced as a disconnection between the mind and body. Disconnection is a natural and biological response in the face of danger that allows the body to become numb when circumstances are overbearing and painful. For example, when my body realized I was falling off the cliff, my awareness quickly disconnected from my body so that I did not feel or remember hitting the ground. When the event was over, however, this disconnection from my body continued. Persistent disconnection, which I experienced, is a common symptom of trauma.

As a therapist, I am curious about and am challenged by a pervasive disembodiment in clients. I often notice this disconnection in clients as a tendency to relate to themselves and to me cognitively, without much awareness of their body. As I focus on the content of the story with clients, I question whether I am helping or whether I am perpetuating their suffering. Most of the clients I have seen complain that they experience symptoms of trauma; however, they do not understand why they experience these symptoms, nor do they understand what can be done about them. There appears to be a consensus among clients that therapy is about catharsis, which is discharging emotions in order to experience relief. With this pervasive belief in place, I am challenged by knowing how and when to integrate the body into the therapeutic process. My first hand experience with trauma as well as my research on this subject has revealed to me the wealth of wisdom that resides in the body.

This paper will explore how, through healing trauma, clients can reconnect to their body, to others, and to the world, and experience what is known as *embodiment*.

Ray (2008), in his book *Touching Enlightenment*, defines embodiment:

To be awake, to be enlightened, is to be fully and completely embodied. To be fully embodied means to be at one with who we are, in every respect, including our physical being, our emotions... It is to be entirely present to who we are and to the journey of our own becoming (p. xv).

This experience of embodiment is possible as one journeys into their body to heal from trauma. Healing trauma involves understanding how the triune brain and the nervous system are affected by trauma. Somatic Experiencing techniques and Contemplative Psychotherapy practices are examined to reveal how clients can utilize their body to resolve traumatic experiences. Finally, the potential for transformation and embodiment in the process of healing trauma is explored.

The Physiology of Trauma

The Triune Brain

To understand how trauma affects the body, it is helpful to look at the anatomy of the brain. In his book *The Triune Brain in Evolution*, Paul D. MacLean (1990) refers to the human brain as the triune brain because there are three main systems that work together in an integrated fashion. The most primitive part of the brain is the reptilian brain, which includes the brain stem. This part of the brain is instinctual and controls basic nervous system responses. The mammalian or limbic brain regulates emotions and is more evolved than the reptilian brain. The third system of the brain is the human brain

or neo cortex, which is the most recent addition. The human brain is responsible for our ability to think and rationalize.

Not only does the brain have three distinctive functions, but it also has three distinctive languages. In his book, *Trauma through a Child's Eyes*, Levine (2007) describes the three unique languages.

Each region has very specialized functions, and each speaks its own language. The thinking brain speaks with words, while the emotional brain uses the language of feelings, such as joy and sorrow. Unlike the “newer” thinking and feeling brain segments, the primitive reptilian brain speaks the unfamiliar but vastly important language of sensation (p. 87).

These three languages are essential for healing trauma. “We see that to resolve trauma we must learn to move fluidly between instinct, emotion, and rational thought” (Levine, 1997, p. 265). This is done by asking clients to not only be aware of what they are thinking and saying, but also to notice the feelings and sensations in their body. For example, I asked a child: “As you are talking about feeling scared about the doctor, what do you notice in your body?” Facilitating clients to connect to these feelings takes great skill and patience.

Diane Poole Heller, Ph.D., (2001), a worldwide teacher of SE and author of *Crash Course*, highlights the importance of being sensitive to this process:

Many therapists, when seeing that a person is disconnecting or out of touch with her body and not feeling, try to get the patient to ‘reconnect’ and start feeling again. When therapists get a client to connect too quickly, they can often retraumatize them. Our approach employs techniques to drain the overload out of

a person's system so that they can reconnect gradually and relatively painlessly (p. 32).

I have witnessed this retraumatization take place in therapeutic settings, which illustrates the importance of understanding that the client needs time to integrate traumatic experiences and to reconnect to their body.

Levine endorses the need to utilize all three parts of the brain when working with trauma, when he points out that trauma makes its imprint intrinsically on the mammalian and reptilian parts of the brain, the two parts of the brain associated with feelings and sensations. Levine (2005) reinforces that “because trauma happens primarily on an intrinsic level, the memories we have of overwhelming events are stored as fragmentary experiences in our bodies, not in the rational parts of our brains” (p. 32). In order to heal from trauma the body needs to be involved by communicating with the corresponding parts of the brain. In her book *Trauma and the Body*, Ogden (2006) supports Levine:

PTSD patients experience their traumatic memories as timeless, intrusive, sensory fragments that often cannot be expressed as a narrative, whereas people who have suffered a trauma but do not suffer from PTSD usually recall traumatic memories as an integrated whole that can easily be expressed as a narrative. This observation calls into question the benefit of purely verbal therapies as modalities for processing information that is experienced primarily at a sensory level and suggests the need to explore body-centered methods (p. 156).

Both Ogden and Levine's research suggests that addressing instinct and emotion, as well as rational thought, is the most effective approach for working with traumatized clients.

According to Levine (1997), one way in which clients become traumatized is when the rational brain prevails over its instinctual impulses. When this happens the traumatic energy can become stuck in the body (p. 18). Levine's early research shows that this does not happen in wild animals that are confronted by danger. He found that wild animals follow their natural impulses to release traumatic energy from their body by shaking, and therefore do not become traumatized. Levine, however, describes the human experience: "When confronted with a life-threatening situation, our rational brains may become confused and override our natural instincts" (p. 18). Interestingly enough, having a rational brain is what separates us from our animal ancestors and is what makes humans more susceptible to becoming traumatized.

Children, because of where they are at in their brain development, naturally tend to express their instinctive responses. Unfortunately, some parents inhibit these natural responses by rationalizing their children's experiences. For example, this happened in a session when I was working with a thirty-two year old mom, Stacy (pseudonym), and her eight-year-old son, Zack (pseudonym). Stacy was concerned about Zack's behavior at school because he was bullying the other children. When Zack was four, his father had left him and his mom to move to another state to live with another woman. As I worked with Zack over a period of time, he began expressing his feelings about his father. Zack then repeated these feelings when his mom was present. He said that he thought about his father a lot, he wondered where he was, he did not know why he had left, and he wondered if his dad would have left, if he had been a better boy. As he was saying this, he was pounding his fist into the sand. When I asked him if this was hard to tell his mom, he said yes. His mom responded with, "You know your dad made his own decision to

leave us and there is nothing I can do about it.” As she was saying this, I watched Zack’s body slump. He stopped what he was doing and he replied, “yeah, I know.” When Zack’s mom tried to rationalize his feelings, the energy in his body that wanted to be expressed was inhibited.

Having observed the effects of trauma on the body, I can guess what Zack might have experienced if his mom had validated his feelings. He might have reported having hot, jumpy, and tingly sensations. Some of the feelings he might have been experiencing include anger, grief, sadness, confusion, guilt, and shame. I believe that if Zack had had an opportunity to express the feelings and sensations in his body, he may have been able to feel some resolution around the trauma of his father leaving. Instead, his body responded by shutting down.

The above story illustrates how important it is to acknowledge what people are feeling and sensing as well as what they are saying. Understanding how the brain functions indicates that awareness of all three parts of the brain is essential. Each part of the triune brain is significant in working with unresolved trauma. The therapist addresses all three parts of the brain by speaking the unique language of each part. Levine (1997) strongly believes that “In the process of healing trauma we integrate our triune brains” (p. 266). In the process of healing trauma, we are also working with the nervous system.

The Sympathetic and Parasympathetic Nervous System

Understanding the SNS and the PNS is also helpful in working with trauma because the nervous systems are greatly impacted by traumatic experiences. The brain stem controls nervous system responses. In a life-threatening situation, the nervous system responds by igniting a tremendous amount of energy in the body to survive. This

energy is also known as activation or arousal. Levine (1997) lists the most common signs of physical and mental arousal: “Physical – increase heart rate, difficulty breathing (rapid, shallow, panting, etc.), cold sweats, tingling muscular tension. Mental – increase in thoughts, mind racing, worrying” (p.128). When this highly charged energy is not released from the body after the event, a significant amount of discomfort can arise. People may experience surges of energy through their body after the trauma. This remaining energy is often painfully overwhelming. Not surprisingly, people have a tendency to avoid and disconnect from it.

Sometimes, when an experience becomes too overwhelming, the body will resort to freezing. Freezing is a natural response that occurs during a traumatic experience and can persist well after the event. Heller (2001) normalizes the freeze response when she shares: “It’s important that you understand this was an unconscious decision made for you by your reptilian brain that perceived freezing as your best bet” (p. 34). Thus, an essential part of working with trauma is normalizing the client’s experience. When someone experiences a freeze response, it is likely that they will also feel dissociated and disconnected (Heller, 2001, 23).

Dissociation occurs on a continuum and involves a lack of connection between the mind and body. Levine (1997) acknowledges that,

The best way to define dissociation is through the experience of it. In its mildest forms, it manifests as a kind of spaciness. At the other end of the spectrum, it can develop into so-called multiple personality syndrome. Because dissociation is a breakdown in the continuity of a person’s felt sense, it almost always includes distortions of time and perception (p. 137).

Dissociation is apparent when clients have a hard time accessing what is happening in their body. Levine (1997) confirms, “When you are not in your body, you are dissociated” (p. 140). Both freezing and dissociating are ways in which we are not fully connected to what is happening in our body; there is a disconnection. This disconnection becomes problematic when it interferes with our ability to function in our daily lives.

Both the mammalian and reptilian parts of the brain activate to mobilize the sympathetic nervous system (SNS) to fight or flight for survival. Heller (2001) relates the nervous system to the gas and brake pedals of an automobile, the SNS being the gas pedal and the parasympathetic nervous system (PNS) the brake (p. 30). The SNS charges the nervous system and gets it ready for action, while the PNS slows the action down, relaxes the system and discharges activation. “Under normal conditions there is a gentle rhythm between the two consisting of charge and discharge. When that rhythm is in place, we experience a sense of well being and life feels manageable” (p. 30). The car runs smoothly. In SE, pendulation, is the term used to describe this natural rhythm of charge and discharge in the nervous system (Heller, personal communication, November 11, 2007).

This natural rhythm becomes dysregulated when the nervous system is overwhelmed with stimulation from threat or danger. When this occurs, the body can no longer process or integrate what is happening. The stimulus in the nervous system crosses over a threshold and the individual’s awareness can become fragmented. Heller (2001) explains:

When the nervous system deals with a major overload by fragmenting, you have what we have described as dissociation. This form of dissociation leaves you with

highly charged pieces of memory separated by gaps in which you have no recollection of events (p. 58).

Dissociation results from the nervous system becoming over-activated. Thus, high arousal in the nervous system causing it to become dysregulated can lead to disembodiment. However, by slowly and gently coming back into contact with the body the client can integrate what has happened. This process allows the nervous system to return to its regulated state.

One of Levine's (2007) significant contributions to the field of trauma has been revealing that when someone is experiencing a freeze state, not only is the PNS engaged, but the SNS is usually at full throttle as well (p. 6). In the car analogy, the freeze state would be like pressing down fully on the gas and the brake at the same time. When the SNS and PNS are both operating, the car is immobile while the engine is revving. The SNS is mobilizing a tremendous amount of energy to defend against threat and danger, while the PNS is exerting an equal amount of energy in the opposite direction to stop mobilization. Heller (2001) explains this experience: "You may feel alternating flooding of excess energy in the form of a racing heart, excessive sweating, angry outburst or panic attacks, and symptoms of shutting down, such as fatigue, disconnection, or depression" (p. 31). When someone is in the freeze state, they may look completely calm on the outside because they are actually disconnected from their body and not feeling anything. As a result, often what happens in trauma is that the body initiates a large amount of energy to survive but ends up resorting to freezing instead because there is not enough time to utilize the fight or flight energy. This energy remains in the body and is the cause of traumatic symptoms.

Symptoms of Trauma

The traumatized individual may suffer from feeling as if their nervous system has hijacked their body. Symptoms are unique to each individual. “The first symptoms that are likely to develop immediately after an overwhelming event include hyperarousal, constriction, dissociation and denial, as well as feelings of helplessness, immobility, or freezing” (Levine, 2005, p. 16). These symptoms can interfere with sleep, mood, relationships, energy levels, and the ability to relax, focus, and handle stress.

Levine (1997) explains how trauma symptoms develop:

Traumatic symptoms are not caused by the ‘triggering’ event itself. They stem from the frozen residue of energy that has not been resolved and discharged; this residue remains trapped in the nervous system where it can wreak havoc on our bodies and spirits (p. 19).

Since trauma symptoms initiate in the nervous system it is important to address nervous system dysregulation to heal trauma.

Dysregulation is a result of residual energy over-activating the sympathetic and parasympathetic nervous systems. Sometimes the body goes from one extreme to another. For example, symptoms can go from hyperactive to exhaustion or rage to depression. This is often a painful cycle for traumatized clients.

Dissociation can also occur when activation in the nervous system becomes intolerable. Dissociation is one of the most common symptoms of unresolved trauma. It significantly influences the body because it causes a split between the mind and the body. Dissociation has both positive and negative affects because it protects us from feeling pain, but the numbness disconnects us from our whole experience. As a benevolent

response, it “serves a valuable role in helping to keep the undischarged energy of hyperarousal disconnected from the fullness of our experience” (Levine, 1997, p. 1380). Thus, it protects us from feeling much of the pain and suffering associated with trauma. Heller describes dissociation as “a compassionate biological response preparing for death so that you don’t feel anything” (Personal communication, November 10, 2007). In these ways, we are grateful for this biological response. On the other hand, however, dissociation interferes with an individual’s ability to contact their felt experience, which is necessary to resolve trauma. “Dissociation can become chronic and evolve into more complex symptoms when the hyperaroused energy is not discharged” (Levine, 1997, p. 138). When the client is assisted in regulating their nervous system and reconnecting to their body, trauma symptoms can be resolved.

Somatic Experiencing

Peter Levine (1997) founder of Somatic Experiencing (SE) describes how SE is beneficial and transformative in the process of releasing symptoms and healing trauma:

In Somatic Experiencing, you initiate your own healing by re-integrating lost or fragmented portions of your essential self. In order to accomplish this task, you need a strong desire to become whole again. This desire will serve as an anchor through which your soul can reconnect to your body. Healing will take place as formerly frozen elements of your experience (in the form of symptoms) are released from their trauma-serving tasks, enabling you to gradually thaw. When you thaw, you have the possibility to become more fluid and functional (p. 61).

SE is a modality that facilitates nervous system regulation, allowing a person to stay embodied. When traumatic energy gets stuck in the body it will cause activation to surge

through the body. When a client talks about an activating experience, their nervous system may become dysregulated resulting in high activation or dissociation. In the state of high arousal the client has a difficult time staying present. The SE therapist serves to hold a container, which means containing the range of activation for the client's nervous system. This container helps the client to stay present with their experience, to integrate it, and to discharge any residual traumatic energy from the body.

SE integrates both eastern and western psychological approaches. It draws upon the knowledge western science has contributed on the brain, nervous system, and physiology. SE also calls upon eastern contemplative approaches that include mindfulness and awareness. Mindfulness and awareness skills include paying close attention to what is unfolding in the present moment.

SE is a mindfulness practice that invites clients to track sensations in their body. Clients track sensations in their body by bringing their awareness to sensations in the present moment. The therapist assists the client tracking sensations by asking them to notice what is happening in their body and then to notice what happens next. With some time, the client may notice whether the sensation is moving or changing in the body. They may even get an idea of whether the sensation has a color or form. I have often witnessed clients say that their chest or throat feels tight. When I invite them to track the sensation the tightness relaxes. In this process, clients may learn that they have more tolerance for bringing awareness to their body.

SE encompasses gentle techniques that help facilitate clients in reconnecting to their bodies. As stated above, a traumatized person can feel at the mercy of their body and nervous system. SE is helpful in guiding clients to regulate their nervous systems and

in helping them to feel that their activation is manageable. This process has resulted in clients feeling empowered instead of helpless, embodied instead of disembodied. In the following section, I will explore some of the foundations of SE that are used in healing trauma. These concepts include nervous system regulation, resourcing, titration, pendulation, looping, and discharge.

Regulation

When working with trauma, SE therapists help clients self regulate. Trauma can often affect a person's ability to self regulate resulting in discomfort in the body, due to over-activation in the nervous system. Siegel (1999) defines self regulation as "the manner in which the process called the 'self' comes to regulate its own processes" (p. 156). Self regulation is the ability to regulate the activation in the nervous system. Because trauma causes high arousal in the nervous system, there can be a tendency to go from one extreme feeling or sensation to another. This can happen when something triggers threat or danger, or in seemingly ordinary circumstances. For example, if someone was attacked in a red room by a man wearing a specific cologne, this person's nervous system may become dysregulated when they see another red room or when they smell the same cologne. After my accident, for example, I would become dysregulated when someone tapped me on the back and I did not see them coming. Dysregulation may cause someone to oscillate between feeling an abundance of energy in the form of hyperactivity, hypervigilance, mania, anger, or panic, and then feeling a lack of energy in the form of depression, disconnection or fatigue (Heller, 2001, p. 33). It is extremely frustrating when these strong emotions in the body feel unmanageable. It is the goal of the SE therapist to help the client regulate the extreme feelings.

When activation in the body crosses a threshold of what feels manageable, disconnection can result. Heller describes how some people are not aware that trauma has affected them: “Often people have no idea that they have left over arousal because high arousal disconnects us” (Heller, Personal Communication, February 1, 2008). The nervous system continues to react and respond to the environment as if it were still under threat until the residual energy is released from the body. Bringing awareness to the activation or arousal in the body while maintaining regulation can make staying connected to the body feel tolerable and eventually desirable.

SE enables the client’s nervous system to return to a state of resiliency and regulation by making contact with the body slowly and consciously. “After trauma, people often go back and forth between flooding and freezing, a vicious and painful cycle. Triggers associated with the traumatic event can take a person from freezing to flooding” (Heller, 2001, p.33). Flooding is when someone experiences too much arousal. To help regulate the client’s nervous system, the therapist tracks for arousal. The therapist intervenes before the activation becomes dysregulating and overwhelming in order to help the client experience a manageable range of activation. Returning to the car analogy, the therapist is cautious in avoiding the client from taking their foot off the brake too fast, while the gas is still fully engaged. “Unfreezing needs to be done slowly, one step at a time, so that a person can integrate the experience back into her life, moving from freezing back into the flow of life” (Heller, 2001, p. 33-34). Careful attention is paid to pace and arousal. When trauma is worked with in this way, the client can stay embodied.

Resources

In SE, *resources* are employed by SE therapists to help clients to regulate arousal and experience a sense of relaxation, comfort, and/or safety in their body. “Resources are whatever support and assist physical, emotional, mental, and spiritual well-being” (Levine, 2007, p. 133). Some examples of what clients have found as resources include spending time in nature, exercising, music, pets, friends, breathing, God, and food. Levine specifies: “If it doesn’t register in the body as something healing, comforting, or pleasurable, it is not a resource” (p. 135). Resources are established in SE before going into highly activating experiences or memories so that the client can stay embodied.

“Aaron” (pseudonym), an eight-year-old Russian boy, comes in for play therapy for concerns about loss in his life. I introduced him to resources by asking him to start a journal in which he creates pages for things in his life that make him feel good. I gave him a sheet of fill-in-the-blanks to start the first page of his journal and I invited him to come up with a list of comforting resources. I asked him to notice and share what he felt in his body when he thinks of that particular resource. For one resource, he stated that his heart felt happy, his tummy relaxed, and his body felt safe. Since he had established some resources, which he was able to anchor to a felt experience, we were able to use them to regulate his nervous system when some of his challenges with grief and loss come up.

“Dana” (pseudonym) a nineteen-year-old Caucasian female became very upset as she began talking about her mother who had abandoned her as a child. As I was tracking her arousal, it appeared as if she were approaching a threshold with the potential of dissociating. I intervened and introduced the concept of resources. She relaxed and became calm when she imagined sitting by a river. She took a few moments to imagine

this and notice what feelings and sensations she experienced in her body. The tension that arose in her chest while she had been talking about her mother had dissipated. This enabled her to stay connected to her felt experience while talking about her mother. Later in the session, Dana seemed to be getting very upset and then she paused. I asked her what she was experiencing and she replied that she had just resourced herself. Once Dana located a resource, she was able to tap into it on her own to regulate her arousal.

Levine (2007) explains how resourcing works: “When it is registered in the bodily memory as resource, the ‘imprint’ or impression of the sensation can be called upon to help relieve pain in times of emotional upheaval, stress and overwhelm” (p. 136). Gaining control over a wild nervous system can feel very empowering. Clients can use resources to help them stay present when they notice they are about to disconnect because they help manage nervous system arousal.

Titration

Titration is another technique used by SE therapists to modulate the nervous system. *Titration* is defined as “a healing process where you work with the trauma one small, manageable step at a time, piece by piece, bit by bit” (Heller, 2001, p. xx). Titration is important in order to avoid retraumatizing people. It is helpful in keeping nervous system activation within a manageable range.

I have often seen clients jump into talking about intense experiences, which could cause high arousal leading to disconnection. Titration allows the client to experience a smaller proportion or percentage of an intense experience. “A client is most at risk for becoming overwhelmed, possibly traumatized, as a result of treatment when the therapy process accelerates faster than he can contain” (Rothschild, 200, p. 78). Titration is about

slowing down an experience and taking it one piece at a time. This permits clients to self regulate and to stay present and connected to their body through an experience in order to integrate it.

Another way of titrating the intensity involved with trauma is to freeze frame the experience. Heller (2001) defines *freeze frame* as:

The technique in which you capture a dangerous moment by stopping or ‘freezing’ it like a frame in a movie. This use of stopping the image or action gives the body time to contact and complete its normal biological defense mechanism of fight or flight” (p. xix).

Trauma is often overwhelming because there is not enough time to respond and defend ourselves in the way we would have liked. When working with trauma it can be helpful to have the client to freeze frame an experience so that they can experience what their body would have wanted to do if it had more time and distance.

Pendulation and Looping

Another SE technique used in trauma healing is known as looping. Diane Heller (2004) defines *looping*:

Looping is a technique in which the therapist helps the client move back and forth between small pieces of the traumatic material and one of the client's resources. This looping back and forth helps discharge the activation in the nervous system that emerges as the person slowly works through the traumatic event (¶ 17).

Looping is used to help a client tolerate and integrate a feeling or experience while staying connected to their body. Looping is what SE practitioners use to facilitate the natural rhythm of pendulation. Levine (2007) describes *pendulation* as a “natural rhythm

(of contraction and expansion) inherent within us that guides us back and forth between uncomfortable sensations, emotions, and images to more comfortable ones, allowing for new experiences and meanings to emerge” (p. 93). When an unpleasant sensation arises in the body, for example, clients are guided to find another sensation that is opposite or an antidote to that sensation. Then the client brings their awareness back and forth between the two contrasting sensations. Looping back and forth in this manner allows unpleasant sensations to integrate and dissipate. Looping is also used for experiences and memories that are associated with a traumatic event. Through the process of looping the client then comes to experience his or her own body as a resource.

Levine (2007) describes the significance of the body being able to shift out of undesirable experiences into desirable experiences: “This ability of the body to shift out of a state of shutdown, anxiety, aggression, helplessness, or feelings of estrangement into a sense of vitality, joy, hope, initiative and connection is the best resource of all!” (p. 138). The ability to connect with the natural rhythm of the nervous system is an invaluable resource, which allows clients to manage overwhelming activation. It can be very transformative for clients to facilitate their own rhythm of pendulation.

When a client has the felt experience of pendulation they may realize that what they are experiencing in their body is not solid or stuck. “Pendulation is what keeps the momentum of change happening over time. And no matter how bad a particular feeling may be, we know that it will soon change” (Levine, 2007, p. 93). After experiencing the affects of looping, clients may come to realize that their experiences are not solid or permanent.

Discharge

The ultimate goal in SE is to discharge the initial survival energy from the nervous system so the body can return to its natural state of resiliency. *Discharge* is arousal that moves through and out of the body. Levine (2005) describes the many forms of discharge:

The discharge can be dramatic and visible, or subtle and quiet. It can be an intense shivering or the slightest sense of inner trembling; or it may be a changing of temperature between hot and cold, between warmth and coolness. Afterwards, you might notice that things fall into place a little easier, or that you are calmer and more relaxed. Or, you might experience a subtle deepening of your sense of well being (p. 33).

When residual energy is discharged from the body, the client will likely feel more comfortable in their body. Their sense of self can also transform from that of a victim to that of an empowered being. Levine describes transformational aspects of discharge:

When we discharge our residual survival energy, we feel less threatened and overwhelmed by life. We are no longer in fear. As we move from fixity to flow, we begin to experience a sense of coherency. We begin to feel reconnected to life. We feel more peaceful, at home with others, the world, and ourselves (Levine, 2005, p. 32).

When the energy fully discharges from the body, the person is no longer at the mercy of trauma.

Another example of how I use various SE techniques is illustrated in the following session. “Rick” (pseudonym), a middle-aged Hispanic male, who has had

various relational traumas, came in talking about his struggles in relationships and the conflicting feelings of wanting to pull people closer while pushing them away. When invited to bring awareness to the impulse to push people away, Rick noticed tension in his head. The awareness brought associations, which he described as feeling like a trapped child. This association brought up memories for Rick, which felt too overwhelming. To stop the overwhelming feelings he shifted his attention away from his body. I noticed this and asked him if the activation was too much for him to continue. He agreed that it was. I then asked Rick if he would be comfortable with focusing on one percent or just a molecule of the feeling. By doing so, Rick was able to feel the sensations associated with the experience in a titrated manner. As he focused on his felt experience, he noticed that his head was still very tense. I asked him if there was a part of his body that had the opposite quality of being tense. Rick said that his right foot felt relaxed and free. As he brought his awareness to his foot, he noticed he felt a sense of empowerment knowing that not all of his body was trapped. In fact, his foot was free and could protect him. As he continued to bring his awareness to his foot, he noticed that he wanted to kick someone. Rick was asked to bring his awareness to the impulse to kick. Rick reported feeling power and strength while slowly and consciously moving his foot. Next, Rick noticed a tingling sensation start at his thigh and go down his leg. Then his leg began to shake. I explained to Rick that the shaking may feel awkward, but that it is natural and it is a good sign that traumatic energy is leaving his body. I allowed Rick the time he needed to allow energy to be discharged out of his body. Afterwards, I asked Rick if there was anything else he noticed in his body. To Rick's amazement, he realized that the sensations in his head shifted from tension to relaxation. Rick went from an

immobile, tense, and powerless state to a mobile, protective, relaxed, and empowered state.

SE facilitates the embodiment of clients through titration, regulation, integration, discharge, and awareness. Titration allows the client to stay present with their experience by braking it down into small pieces. Regulation facilitates the client in learning to regulate their arousal within a manageable range in order to be embodied. Integration of traumatic experiences leads to a person reconnecting with themselves and others. SE invites the client to stay present and to integrate traumatic experiences, which leads to discharging traumatic energy. Bringing awareness to the body through SE techniques reveals the body's innate wisdom and natural state of wellbeing.

When a client is using SE to heal their trauma they are also in the process of practicing mindfulness and awareness. Heller regards SE as a type of meditation practice: "I think of Somatic Experiencing as talking meditation. A lot of SE is an awareness practice. It has a lot of mindfulness in it" (Personal Communication, February 3, 2008). The concepts of mindfulness and awareness are also the foundation of Contemplative Psychotherapy. I will explore how mindfulness awareness practices facilitate trauma healing through the contemplative lens.

Contemplative Psychotherapy

Contemplative Psychotherapy is about studying and knowing oneself through mindfulness awareness meditation in order to be of benefit to others. Since trauma healing requires mindfulness awareness, I will explore how contemplative training can further support the therapist in this process. The foundation of contemplative training is meditation practice. Meditation is a continuous practice of being mindful and aware of

what is unfolding in each moment. “The sitting practice of meditation helps us become less distracted, more present” (Wegela, 1996, p. 26). The body is a great vehicle to awareness as it is always in the present moment!

Ray (2008) also suggests that an awareness of the body is the foundation of Buddhist meditation. Ray illustrates the original teachings of the Buddha:

The meditation taught by the Buddha and practiced in subsequent Buddhist history is deeply somatic – fully grounded in sensations, sensory experience, feeling, emotions and so on. In its most ancient form, Buddhist meditation is a technique for letting go of the objectifying tendency of thought and entering deeply and fully into communion with our embodied nature (Ray, p. 45).

Meditation practice and my own journey through trauma have both led to deeply investigating myself through my body. I have integrated the process into my body through my own processes so that I am not just applying techniques I have read about. Self-investigation informs much of my work with clients.

Three ways in which I study myself through mindfulness awareness practices include mind, body and speech. In the following section I will explore how examining the mind, body and speech through the contemplative lens influences my work as a therapist. The mind, body and speech are three major ways in which people relate and communicate with each other.

Mind

When I watch a movie and miss what someone said, I like to rewind it so that I do not miss anything. It is tempting to want to hear the beginning, middle, and end of the story the client is telling. I have caught myself many times asking for more details so that

I can get a clearer picture. In addition, it is sometimes challenging and uncomfortable to interrupt a client in the middle of their narrative. In the times when I was overly focused on the story line, I abandoned my awareness of what was happening in my body and the present moment. It is a continuous practice for both the therapist and client to come back to the present moment.

One of the ways we lose track of the present moment is when there is too much focus on the mind. Due to the amount of discomfort in the body because of trauma, it makes sense that many people try to avoid the body in any way possible. I have noticed that many clients have a tendency to talk discursively about the past and the future to avoid what is happening in the present. Ray (2008) elaborates on this imbalance as follows.

Our way of shutting out our body and its discomfort is, in fact, by retreating into our obsessive thinking process. The more we shut out our body, the more we retreat into thinking. The intensity of our compulsive thinking is in direct proportion to the extent that we are unwilling to experience our body in a full and direct way. We have, in fact, dissociated from it (p.81).

In the process of healing trauma, it is important to be mindful of the tendency of our thinking to take over.

After trauma, in an attempt to resolve what happened the mind will want to retell the story. When the story is told without an awareness of what is happening in the body, the person runs the risk of being retraumatized. To prevent this from happening, an SE therapist will discourage the client from talking about the trauma as it happened

chronologically. Thus, interrupting clients when there is an impulse to retell the story can be very beneficial.

When I began doing SE as a client, I had to really monitor my impulses to talk about my trauma without an awareness of my body. This was a major shift because I was used to overriding what was happening in my body. I had to learn to slow down and be patient. The body operates at a much slower speed than the mind. In order to know what I was experiencing in my body, my mind needed to calm down. Because I know from first hand experience that the body needs time, I am patient with clients in this process of calming their mind and bringing awareness to their body.

Once we slow down the mind, and bring awareness to the body, we have access to the present moment. Thich Nhat Hanh (1989), a Vietnamese Buddhist monk, stresses the importance of the present moment:

The only moment available to you is the present moment. If you can get into this moment deeply, then you can fix the things done in the past and also take good care of the future. This might be called the basic principle of Buddhist therapy: the future and the past can be recognized and worked with in the present.

When we access the body in the present moment we can heal past traumas and be even more prepared to handle overwhelming situations in the future. When we work with what is unfolding in the present moment, suffering can be transformed into liberation.

Body

Trauma is about loss of connection and through the healing process one can become reconnected. Awareness of the body is important because it influences both the client and therapist; the body informs my work as a therapist and it always provides

access to the present moment. Awareness of both my body and my client's body in therapy supports the experience of embodiment.

One of the ways in which the body influences both the client and therapist is through the natural process of exchange. *Exchange* is based on the Buddhist notion that there is no solid separate self, that in fact we are permeable. "Since we are not solid, when we meet someone else there is an intermingling of energy. Because we are permeable, we actually pick up on how other people feel" (Wegela, 1996, p. 128). Thus, the body is like a weather stick that is constantly responding to the atmosphere around it. Just as the weather stick informs you of what type of weather you can expect, the body can inform the therapist of what the client might be experiencing through exchange.

When two people are sitting in a room together, for example, energetic feelings, sensations and qualities can be exchanged. As a therapist, I have experienced feeling clear minded and relaxed when I walked into a session and then experienced feeling jittery, tired, spacey, or anxious when I walked out. Likewise, if the therapist is feeling relaxed, regulated and present, then the client can exchange with these qualities. The reality of exchange can be very scary, knowing that we are not actually separate from our clients. Being able to sit with the discomfort is a skill.

Wegela (1996) comments on how sitting meditation assists therapists in working with discomfort so that they can stay present with their clients.

The formal practice of sitting meditation helps us become more at home with being present with our own experience. To become more at home with others becomes easier when we are more at home with ourselves. The biggest obstacle to being present with others is our discomfort with what we feel ourselves. So the

more familiar we can become with all our different ways of being, the more present we can be for others (p. 23).

The more I examine my own experiences in my body, the more I can sit with the feelings the client is experiencing. When I can stay open to the process of exchange, I can honor what is unfolding in the present moment. By honoring what is happening in the present moment I am affirming the client's direct experience and the inherent wisdom that resides within his or her body. In order to be open to exchange I must constantly be aware of what is happening in my body.

For brief moments in every session, I draw my attention to my body. I bring my awareness to my body during a session by focusing on the sensation of my breath, noticing places of tension and relaxation, feeling the weight of my body on the chair, feeling my feet on the ground, and noticing my posture. I also get a general sense of what I am feeling in my stomach, chest, throat and head. By bringing awareness to my body in sessions, I am making sure that my body is relaxed and regulated so that the client can exchange with these qualities and so that I can stay present. If I am activated, I will use resources to regulate myself. If I notice I am feeling anxious, whether it be my own feelings or those of my clients, it is beneficial to both of us if I am aware of these feelings and am able to stay present with them. This enables both the client and therapist to stay present and embodied.

Clients are able to stay embodied when their nervous system activation is manageable. I track the clients activation by noticing the color tone in the face and neck area, tension in the body or posture, eyes becoming glossy, and a change in pace in the breath. When the activation looks like it might be about to cross a threshold I will use an

intervention, such as resourcing, that will enable the client to stay present with her experience so that she can integrate it. When clients are able to manage their activation and integrate their experience, they can realize that their experiences are fluid.

Bringing awareness to the body allows for a direct experience of impermanence. *Impermanence* is a term used in Buddhism to signify that everything is always changing, that nothing is solid or permanent. Rothschild (2000) adds how this notion of impermanence is beneficial for clients: “Body awareness can be useful in helping to recognize that no emotional or somatic state lasts forever. Learning to follow the ebb and flow of somatic sensations may reinforce the idea that emotional states also ebb and flow” (p. 96). When one of my clients first realized that the sensations in her body would change as she brought her awareness to them, it shifted her whole relationship with her body. She felt hopeful that her experiences in her body were workable and that she could heal from her trauma.

Awareness of the body is essential to both the therapist and the client because the body is always present. Wegela (1996) acknowledges the significance of the body: “Instead of being lost in the past or the future, mind is present right here in the body. Our bodies are always in the present, so if we can bring our attention to them, they can provide an anchor in the present moment” (p. 190). In the process of healing trauma, we reconnect to our bodies and live more in the present moment.

Ray (2008) concludes that the more we are embodied the more heightened our experience of exchange is.

The more we know of our body, then, the more we find that our own embodiment actually includes others and the more easily we are able to be in them and as them. We see that the idea of any clear separation does not apply (p. 280).

Embodiment not only reconnects us to our own bodies and ourselves, but we can also have the experience of connection with others.

Speech

Speech can either empower or disempower someone. It can facilitate either embodiment or disembodiment. Speech is an important part of healing trauma because trauma can leave us feeling defeated and disconnected. As a therapist, in a position of power in the context of the therapeutic relationship, I want to be aware of how my words can affect clients. The focus of this section will be on how the therapist can communicate that clients ultimately know what is best for themselves. In this way, the therapist is merely shining a light on the wisdom that is already there.

In Buddhism, there is the belief that everyone is inherently good and has Buddha nature. *Buddha nature* is everyone's ever-present and inherent qualities of wakefulness, wisdom, insight, sanity and freedom. I believe that these qualities are in all of my clients and that they are the forces that drive the body toward healing. Ray (2008) supports this: "Buddha nature holds the stages of our own unfolding – of our spiritual development" (p. 224). In the process of healing trauma, I intend to communicate in a way that illuminates what is already there and what already wants to happen.

One way to communicate to a client that she already has this wisdom within is by bringing her awareness to her body. According to Ray (2008), "The body itself is the buddha nature" (p. 225). He expounds further, "By entering ever more deeply into the

body and receiving the unending flow of experience that arises when we do, we are in intimate relation with the buddha nature” (p. 226). The therapist can facilitate this connection by asking the client what she might be noticing in her body.

Certain questions can keep a client with their felt experience and others can bring the client out of their direct experience and into her head. Questions that ask the client what she is sensing, feeling, noticing or experiencing in her body, will keep her awareness on her body. In this case, she has access to the wisdom available in the present moment. Questions that ask the client what she thinks can easily bring her attention into her thoughts. When clients are carried away in their thoughts, they have lost connection to their body, Buddha nature. The therapist holds a lot of power in how they communicate with clients.

For example, “Gina” (pseudonym), talked about how she felt horrible when she yelled at her children and did not feel like she could stop. I asked Gina what she was noticing in her body after she finished speaking. She took a minute and reported feeling tension in her neck, shoulders, and chest. Then I asked her what might help the tension relax. Gina said she could take some deep breaths. After doing so, Gina reported that the tension was almost gone. Gina then came to her own solution: instead of yelling at her kids, she would take a minute to take some deep breaths.

If I had asked Gina questions that brought her into her thoughts like, “Why do you think you cannot stop yelling?” or “Why do you feel horrible?,” then she would have continued to be disconnected from her body. In the above example, we see that as Gina connected to her body there was wisdom waiting to be communicated. Further, it could have been disempowering if I had given Gina the recommendation to take some deep

breaths versus her coming up with her own solution. When someone experiences these innate qualities of Buddha nature, she may also experience feeling empowered.

As a therapist, I am in a position of power that can greatly influence a client's relationship to her body and her self. Another way I am careful with my speech is to avoid *therapeutic aggression*. "Therapeutic aggression is trying to get someone to change so that *we*, as helpers, can feel better" (Wegela, 1996, p.84). Thus, if I were not comfortable in my body or experience in some way, I might be tempted to talk to the client in a way that helps me feel more comfortable. This could be detrimental to the client. For example, one client began shaking when working on a traumatic experience. If I were not comfortable with what was happening, I might have gotten scared and stopped the client. By doing this, I would have stopped the process of discharging energy and healing trauma, and I would have undermined the intelligence of the client's body.

By regarding the client's body as the ultimate truth and wisdom, I can refrain from believing that I know what is better for the client. I always want to mirror the client's ultimate authority, their body. "Again, if we are able to receive its wisdom, the body is the ultimate teacher, the trusted guide on the journey" (Ray, 2008, p. 95). Thus, how the therapist communicates with the client can facilitate a connection with their body that they can come to utilize. This connection can be empowering.

Through the contemplative lens, bringing awareness to the mind, body, and speech is essential in the process of healing trauma. The mind must be used appropriately so that it does not detract from the present moment. The body, always in the present moment, is the therapists and clients greatest resource. Speech is used to communicate the inherent wisdom of the client and his or her innate ability to heal from trauma. When

the mind, body, and speech are addressed mindfully, the therapist can support the client being embodied and empowered in the process of healing trauma.

Embodiment

Trauma often results in a loss of connection. In the process of healing trauma, one can become embodied by reconnecting to the body and ultimately to the world. Through the process of reconnecting to my body in healing my own trauma, a grand relaxation took place in both my body and mind. When I experienced this relaxation in my meditation practice, my experience of the world was completely transformed! Before I started working on my trauma, I would want to jump out of my skin after just twenty minutes of sitting. When I brought my awareness to my breath, it was so painful that I felt as if someone were standing on my chest. These experiences exemplify how hard it was to connect with what was unfolding in the present moment.

Now after healing from my trauma, however, when I sit down to meditate, I can drop into my body and stay there for long periods of time. In other words, tension I used to feel melted into relaxation. I am acutely aware of what is happening in the present moment and at the same time my mind is calm. Sitting for hours, I experience pleasure and curiosity. My body is a peaceful place to rest, like a flower basking in the sun. My mind is spacious, calm, and fluid, like the ocean. Thoughts, when present, drift by lightly with ease, like clouds through the sky. There are moments of experiencing oneness with raindrops. I sit in stillness fully sensing and feeling my experiences in utter gratitude. I am clear that I am connected to the world!

As I become more and more embodied, I am experiencing a sense of connection much greater than I ever have in my life. Intimate relationships with people no longer feel

frightening. With more presence in my body, I actually notice more in the world around me. For example, scents, tastes, sights, sounds and sensations have transformed to be delightfully unique experiences. I have a greater sense of myself and no longer feel intimidated by others.

By regulating intense feelings and sensations, I am able to stay more embodied. My relationship with my body has shifted: it no longer feels like an enemy. I have come to love and appreciate my body's wisdom and guidance. Staying present in my body has become more common, and dissociating less common. Feelings of isolation, constriction, and tension have been replaced with confidence, connection and relaxation. I feel more alive and playful than I can ever remember! I am grateful for the ability to be relaxed and calm amidst experiences that used to cause anxiety and angst.

The experience of embodiment as a therapist is beneficial in the process of healing trauma. As a therapist, I now have the ability to be calm and relaxed while sitting with clients who are suffering. As I know in my body what it is like to be present, regulated, resourced, and connected, I am able to assist clients in also having these experiences. Further, through the process of exchange, I hold the potential for clients to experience embodiment. I invite the client to access their innate ability to heal from trauma. By trusting my body as a therapist, I encourage the client to do the same. I use the same skills in sessions that I teach the clients. As I am embodied, I am aware that I am connected to myself and my clients. This ability to be embodied as a therapist has enabled me to contain my energy and vitality. Thus, I am more present for my clients and my life.

“Les” (pseudonym) had come in to therapy to work on becoming more connected to himself and the world. He often felt like he was just going through the motions. Nothing seemed pleasurable or exciting. After working through some of his trauma, Les began to experience the connection he had been looking for. After several months, Les happily reported, “I finally feel like I am a part of the world!” Les also acknowledged feeling more grounded and in his body, rather than feeling “floaty.”

Transformation through embodiment exists as a potential even after the most devastating experiences. Heller explains how trauma can be transformative: “Trauma generates a tremendous amount of energy. If you know how to have the right relationship with the energy, it can fuel an alchemical process that can transform us.” (Personal Communication, February 3, 2008). Thus, trauma opens the door to transformation and embodiment.

Finally, trauma can transform isolation to connection. Ray (2008) expounds upon the cosmic potential that exists as we become more embodied.

As we progress more and more deeply into our physical body, as long as we don’t hold back, we find ourself voyagers, not only into it, but through it into vaster and vaster realms of being. We discover first that, at a deeper, more embodied level, our true body is actually an interpersonal body, and finally, that it is nothing less than the cosmos itself. And, something that cannot be said too often: this is not a matter of theory, but of direct, personal experience (p. 318).

I am grateful for my own journey of healing trauma and the transformations that have unfolded. As I continue to voyage toward full embodiment, I am humbled as to what this gift of life has to offer.

Conclusion

When a client walks through my door for the first time, I am aware that some degree of suffering motivated them to come in. I realize the vulnerability one exposes by acknowledging their suffering and seeking help for it. Hanh, (1998), describes, “Suffering is the means the Buddha used to liberate himself, and it is also the means by which we can become free” (p. 3). Levine regards trauma in the same way the Buddha saw suffering in that it can be a potential gateway to spiritual awakening. “I believe not only that trauma is curable, but that the healing process can be a catalyst for profound awakening – a portal opening to emotional and genuine spiritual transformation” (Levine, 2005, p. 9-10). When a therapist supports a client in ways that encourages her to stay present in her body, the client’s can experience freedom from suffering.

Knowledge of the triune brain and nervous system helps practitioners know how to facilitate clients staying connected to their body while healing from trauma. I have explored how trauma makes a significant impact on the brain and how unique types of languages are used to transform trauma. Further, when the sympathetic and parasympathetic nervous systems become dysregulated, the client can be guided to regulate their own arousal levels. Somatic Experiencing techniques show how the client can be assisted in staying present with their experience so that they can integrate it and discharge residual traumatic energy. When this energy is discharged from the body, people become more connected to themselves and the world, and therefore more embodied.

This paper also explored the significance of Contemplative Psychotherapy practices, such as mindfulness awareness, that are used by the therapist to support clients

healing from trauma. How the therapist works with her own mind, body, and speech can greatly influence the client's process of healing from trauma. Finally, the therapist's greatest tool to guide the client to embodiment and transformation is her own body.

Ray (2008) points to the body as the vehicle for transformation and enlightenment:

Consider the possibility that our true and ultimate realization actually lies in and through matter, in and through the body, in and through the earth, and that, *to discover, to attain our own enlightenment, we simply have to allow ourselves to be fully embodied* (p. 54).

Through bringing awareness to the body, transformation beyond healing trauma awaits. Knowing from my own experience what potentials exist from healing trauma through the body, I hold hope for my clients. Liberation from suffering is possible. It is my intention that my clients come to know and utilize their own best resource, their body.

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