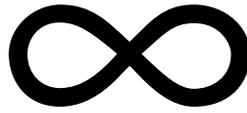


New Insights into Trauma Therapy



***A presentation of the work of PETER LEVINE, Ph.D.,
in the context of Polarity Therapy***

**John Chitty, RPP
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Prologue

The Second Coming

W. B. Yeats

Turning and turning in the widening gyre
The falcon cannot hear the falconer;
Things fall apart; the centre cannot hold;
Mere anarchy is loosed upon the world,
The blood-dimmed tide is loosed, and everywhere
The ceremony of innocence is drowned;
The best lack all conviction, while the worst
Are full of passionate intensity.

Surely some revelation is at hand;
Surely the Second Coming is at hand.
The Second Coming! Hardly are those words out
When a vast image out of *Spiritus Mundi*
Troubles my sight; somewhere in the sands of the desert
A shape with lion body and the head of a man,
A gaze blank and pitiless as the sun,
Is moving its slow thighs, while all about it
Reel shadows of the indignant desert birds.
The darkness drops again; but now I know
That twenty centuries of stony sleep
Were vexed to nightmare by a rocking cradle,
And what rough beast, its hour come round at last,
Slouches toward Bethlehem to be born?



Notes:

Widening gyre = expanding spiral; trauma vortex; vicious cycle

Falcon = Yin energy, physical body

Falconer = Yang energy, mind

Anarchy = Trauma symptoms, psychopathology

Revelation = Sensory Awareness

Second Coming = Healing and Re-birth

Spiritus Mundi= primitive world of connectedness

Lion body= primal power, reptilian brain power

Gaze blank= doesn't "care"

Thighs= Flight response success

Birds=primal jungle environment

Twenty centuries= Crucifixion; loss of spiritual connection

Cradle= rebirth from slumber of illusion

Rough beast= Connection to primitive self

Bethlehem/born= God realization via connectedness to core energy

Definitions of Trauma

“A breach in the protective barrier against stimulation, leading to overwhelming feelings of helplessness” (Freud)

Includes falls, car crashes, medical interventions & surgeries, anesthesia, fever, illness, emotional pain, abuse experienced or witnessed, fetal trauma, birth trauma, loss, war, etc.

“If you are experiencing strange symptoms which no one seems able to explain, you could be having a reaction to trauma you don't even remember.”

The catharsis model of treatment

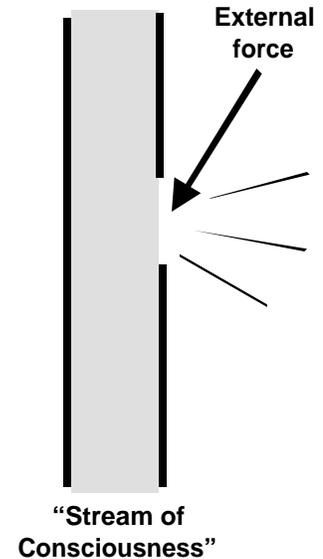
“Catharsis therapy is the idea that bringing painful memories to consciousness with emotional discharge is the best way to recover from old wounds.”

“Deliberately re-living a traumatic event by dredging up memories or releasing emotions through catharsis is more likely to re-traumatize the body/mind than to heal it... the body/mind cannot distinguish between reliving and the real thing. Each time it will summon its defensive mechanisms in the same way that it would if the event were real. The cathartic approach perpetuates the effects of trauma.”

“Trauma Survivor” groups have a tendency to perpetuate symptoms.

“Trauma is in the Nervous System, not in the event”

Trauma: Broken Boundaries



Classic View of 3 parts of the brain and their functions

Neocortex: Cognitive, rational; capable of dominating the others

- Experiences the world through images, language, ideas; no direct access to information; will always be interpretive and somewhat inaccurate.
- “To be sustained, the belief in separateness, whatever its rationale, requires an overemphasis on the function of the neocortex”
- Can take in about seven pieces of information at once.

Limbic: Emotional and social behaviors to complement the survival instincts of the reptilian brain

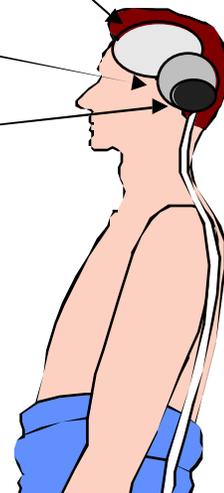
Reptilian: Physical: Basic functions & survival

- “All mammals, including humans, snap into the reptilian brain mode of behaving when they perceive themselves to be threatened. No exceptions.”
- Direct experience of the world.
- Instinctively “knows” what is needed for survival and how to get it
- Can take in a vast amount of information, but only related to survival
- Built on rhythms of “charge and discharge”

“Embedded deep within the brain of all animals, including humans, is an area which is known as the reptilian brain. This portion of the brain is the root of sensations and instinctual responses. The only way to access these healing resources is through the felt sense. The felt sense is the language of the reptilian brain

“Biologically and physiologically, the reptilian brain is absolutely essential to all animals. It holds the instinctual plans for the behaviors which ensure the survival of the species through defense and reproduction.”

Modern research concludes that these three are not really separate, clearly defined areas, and that functions overlap greatly. However the distinction is still a useful point of entry for nervous system understanding



Functional Trauma Response: Nervous System Cycle

1. Alarm

Arrest current activity, crouch, vigilance; readiness

2. Orienting

Focus

Head and neck extend for optimum hearing and scanning

Eyes move to find explanation: "What is it;" pupils dilate

3. Defensive Response: Fight or Flight

Arms express fight, legs express flight

4. If neither fight nor flight will be successful, Freeze

Freezing is inhibited fight or flight: "Energy which is frozen."

Can the nervous system "unfreeze"?

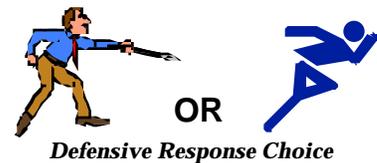
5. Discharge: Trembling and temperature change

6. Rest

"To avoid being traumatized, they must also use up all the energy which the body/mind has made available to deal with the threat."

"Our failing is that we take the normally time-limited experience and make it chronic by not allowing it to run its natural course."

Action and Horror movies, Sports can be controlled, surrogate fight/flight activation



If we can't fight or flee, we surrender and "freeze"

Trauma and Felt Sense in Mythology

Medusa and Perseus

Medusa	=	Traumatic events
The snakes= Reptilian response	=	core registration of event
Turning people into stone	=	Immobilization/freezing
Perseus= Heroic warrior	=	Noble self seeking harmony & order
Shield= the physical body	=	divine gift for defeating trauma
Looking at Medusa through the reflection of the shield=	=	Developing the "felt sense"
Reflecting Medusa into itself	=	Slaying the trauma demon with its own process
Pegasus= Flight to freedom	=	Successful resolution, Resources
Chrysaor= Warrior with the Golden Sword=	=	Clarity & Copability = "Resources"



Siddartha and the ferryboat

Enlightenment as a "side effect" of the felt sense

Before he became Buddha, Siddartha sought to attain enlightenment intellectually. One day he needed to cross a river, and had to wait for a ferry. But the boat just waited on the other side and did not come to get him.

He became angrier and angrier at having to wait. Then he decided to take his anger under a banyan tree and watch it just as he had watched for the ferry.

As he watched it, he found that it was in his body. It began to change and move, so he followed it. At first it was like the whitecaps where waves meet the shore, but he followed more and went deeper under the surface. It took him into the currents and tides of his own inner experience, the ocean of existence within his own body.

In discovering the ocean within, he finally experienced enlightenment, and realized that it was through his own body, not through his mind, that enlightenment could be achieved.

...the knowledge of the physicians of old is concealed and revealed ...

*--Dr. Randolph Stone
Energy (1948), p. 33*

Dysfunctional Trauma Response 1

“When we are unable to respond effectively to danger and cannot discharge the arousal, the nervous system experiences the danger as an ongoing event and continues to activate defensive energy which must be handled in some way to prevent overloading the body/mind. While a myriad of traumatic symptoms may develop as a result, all of them have freezing, even if it is only partial freezing, at their core.”

“The formation of trauma symptoms is an spiralling process that begins with primitive biological mechanisms. At the core of this process is the immobility or freezing reaction which is summoned by the reptilian brain when a person’s nervous system mobilizes a tremendous energy to enable them to defend themselves with active aggression or flight, and they can do neither. The magnitude of inhibition in the nervous system that is required to shut down this energy and thus preserve the life of the body/mind is the single most significant factor in the subsequent development of trauma symptoms.”

“When the freezing response becomes stuck, all the instinctual responses which are linked to survival are affected. All the parts of the reptilian system are interconnected. If one cog sticks, they are all affected. The common pattern is to recapitulate orienting response over and over in the form of hypervigilance .”

“The orienting and defending responses (specifically, fight and flight) are the body/mind’s PRIMARY response to threat. However, there is also a SECONDARY line of defense which precedes freezing. It is characterized by the intense emotions of Rage and Terror. Rage is the frustrated fight response; Terror is the frustrated flight response.” In this brief phase phenomenal exertions are possible, as in the mother lifting a car to free a trapped child.

“The body/mind can tolerate only a certain amount of Rage or Terror. At a certain point, immobility takes over and the individual will collapse. However, the intense energy which is frozen will be closely associated with these intolerably intense emotional states. When the body/mind begins to come out of immobility, terror and rage will be re-experienced.”

“ I heard a shout. Starting, looking half round, I saw the lion just in the act of springing upon me. He caught my shoulder as he sprang, and we both came to the ground together. Growling horribly close to my ear, he shook me as a terrier does a rat. The shock produced a stupor similar to that which seems to be felt by a mouse after the first shake of a cat.

“It caused a sort of dreaminess in which there was no sense of pain nor feeling of terror, though I was quite conscious of all that was happening. It was like what patients partially under the influence of chloroform describe, who see all the operation, but feel not the knife.

“This singular condition was not the result of any mental process. The shake annihilated fear, and allowed no sense of horror in looking round at the beast. This peculiar state is probably produced in all animals killed by the carnivora and if it is, is a merciful provision by our benevolent creator for lessening the pain of death.”

Scottish explorer David Livingstone (1813-1873)

Dysfunctional Trauma Response 2

“Humans have a great difficulty when some aspect of their experience cannot be explained. Once the primitive orienting response is invoked, people feel compelled to seek an explanation. If this cannot be found, a bind is created. The neocortex tries in vain to explain while the reptilian brain compels her to act.”

“The compulsive need to remember is a biological attempt to satisfy a hyperactivated orientation response.”

“Immobility allows an animal to appear dead, and thereby survive. But to create this illusion, an enormous amount of activation (including rage and terror) must be held in check. The system has both accelerator (fight or flight) and brake (inhibition of activation) fully engaged.”

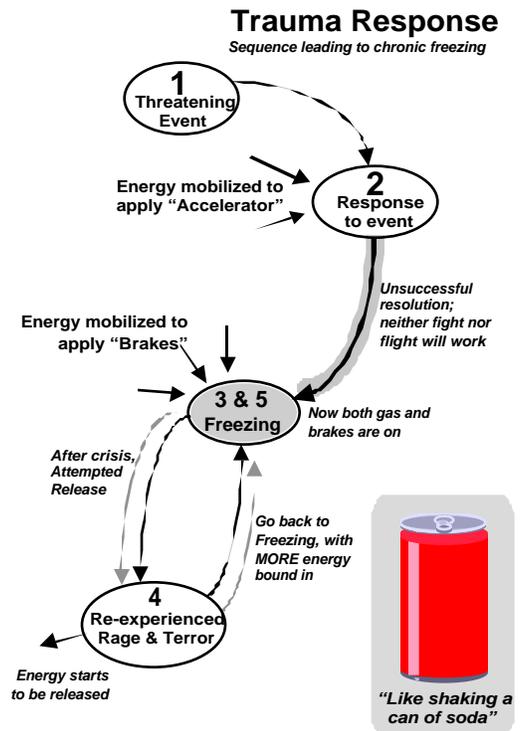
“When the brake starts to release, the accelerator is still at full throttle, causing re-activation including rage and terror. The primitive system interprets this intense activation as a new threat, and automatically re-applies the brakes to again produce immobility. A vicious cycle results, which is why trauma symptoms get worse. Fear enhances and extends immobility and makes termination of immobility an intrinsically violent event.”

“On the physiological level, each successive experience of freezing, each moving out of freezing and re-freezing, is identical to the original experience, with one important difference. With each episode, the amount of energy summoned to deal with the situation increases in an attempt to prevent its happening again. This energy must then be controlled or managed by MORE traumatic symptoms. Freezing not only becomes chronic but also grows in intensity.”

“Immobility occurs when a person is overwhelmed; it continues because being overwhelmed is an experience they fear. The cycle is tight, simple and self-perpetuating.”

In addition, once an individual is traumatized, their risk of experiencing further trauma is much greater (“re-enactment”). The neocortex differentiates between traumatic experiences, but the reptilian brain does not. Its response is the same for different events; who did what to whom doesn't matter. Undischarged activation is undischarged activation, and the “load” of inhibited energy grows to the breaking point.”

“The body/mind takes its cues regarding danger from its internal experience as readily, if not more readily, than from what it experiences externally.”



Dysfunctional Trauma Response 3

"Psychopathology lets off just enough steam to keep the system running, but not so much that the organism begins to move through freezing, because that is when the truly horrendous symptoms (terror, rage) begin. The body/mind will co-opt any thought, feeling or behavior that it can successfully enlist in its effort to contain the undischarged energy of the aroused state. The primitive, basic functions regulated by the reptilian brain make a fertile place to start (anorexia, insomnia, promiscuity, hyperactivity, sleep disorders). The activity will be driven not by the instinctual impulse, but by the excess energy, and will become compulsive and repetitive. And as energy builds, more and more behaviors and symptoms will be required to keep it under control."

"The impulse toward violence is so frightening in and of itself that it is suppressed in what amounts to the person turning it inward upon themselves." (migraines, fibromyalgia, spastic colon, tight musculature)

"The power of the freezing response is equaled by the power of the nervous system's drive to complete the freezing response. It never stops trying to release the bound energy. This is our greatest ally, when we know how to use it. All we need is an opportunity: a safe setting, attention, and time."

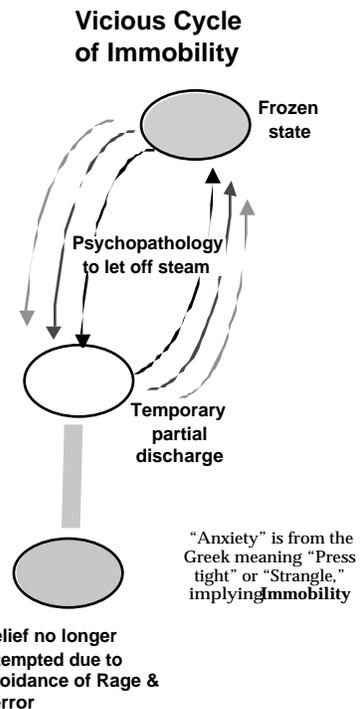
"Vicious cycle:"

Fears (does not understand) the symptoms, thus creates further separation to avoid experiencing them.

Fears the feelings of helplessness, leading to additional thwarted impulse, leading to additional fears, etc.

Fearful entrapment leads to agitated immobility leads to intense activation producing more fear

Many compulsive behaviors, whether benign or destructive, may be explained as repeated strategies to resolve frozen energy. Anxiety, insomnia and chronic fatigue are just a few of the many possibilities.



Trauma impact variables & primary symptoms

“The time between the event and the onset of symptoms is 6 to 18 months.”

A person will be traumatized if:

- Their body/mind perceives a situation as life-threatening
- They lack the “copability” to respond effectively
- They are not able to discharge the energy which their body/mind mobilizes for the occasion

Factors affecting “Copability”

- The event itself: how threatening is it?
- The context of life at the time
- Physical characteristics: “Genetic resiliency”
- Learned capabilities
 - Past history of success or failure (trauma begets trauma)
- Self-perception of capability
- External resources: Culture’s connectedness with nature; support
- Internal resources: complex array of inner variables
- How the event registers on the body/mind
 - Problem with surgery: the body/mind registers as threatening, but this is not accurate. Medical perspective does not appreciate the damage. Denial is likely; watch out for routine procedures: Circumcision, tonsils.

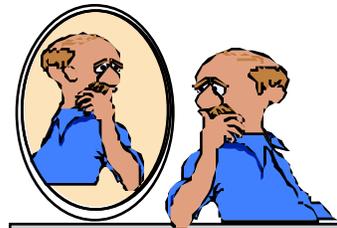
Primary trauma symptoms

- **Hyperarousal:** (increased heartbeat, breathing, agitation, sleeplessness, racing thoughts, anxiety attack)
- **Constriction**(of circulation in extremities, abdominal)
- **Helplessness:** a feeling of being overwhelmed
- **Disassociation: Mind/Body split**

“Individualsthe world.”

“Physical ailments are often the result of compartmentalized disassociation where one part of the body is out of touch with the whole.”

“A person’s ability to cope depends on their ability to experience and follow their felt sense.”



The answer lies within

“Warble” and Trauma Vortex

“Warble”

“The Warble is the reflection of the initial condition, a place of balance leading to the “figure eight” of titration between trauma and counter vortices. All your art of Somatic Experiencing practice is focused here.”

“As you move closer to the trauma and healing vortex, you experience more and more turbulence: feelings of being shaken up, perturbed.”

This is experienced as:

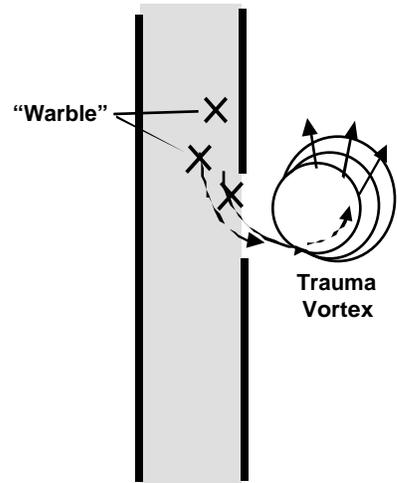
mild shakiness	breathing more rapidly & higher in thorax
pupil change	gurgling of bowel (buberisms)
color change	tremulous breathing
temperature changes	colder in extremities
eyelids flutter (6 pointed star)	increased heart rate (can see carotid pulse)
shaking tremor	twitching in little muscles
almost see skin vibrating	

Trauma Vortex

“The interruption in the flow of one’s felt sense that is caused by trauma becomes like a vortex or whirlpool outside the main flow of the stream of consciousness. This vortex of energy is then maintained by traumatic symptoms so that some semblance of normal functioning can resume. The vortex orchestrates symptoms to prevent the organism from being overwhelmed by it, and also attempts through devices such as re-enactment, to re-integrate that energy into the large flow of experience.”

Signs of Trauma Vortex:

Fear	Spinning, speeding up
Compression, constriction	Energy withdrawal
Oscillations of color & temperature	Frozensness, immobility
Lifting up of diaphragm & viscera	Rigidity
Sense of Overwhelm, out of control	Pupils dilate
Sense of Disconnection from body	Cold at periphery
Time speeds up	Perceptions are restricted: Tunnel Vision



Counter/Internal vortex

Every trauma vortex has a corresponding counter vortex.

Building the counter vortex through sensory experiencing drains excess trapped energy out of the trauma vortex, “building resources” for completion of the original thwarted impulse locked in the system.

Supporting the counter vortex is like placing a cast on a broken arm. A protected, safe space for healing is created.

Catch them doing something right; focus on success and authenticity

Support the felt sense with repetition and reflection

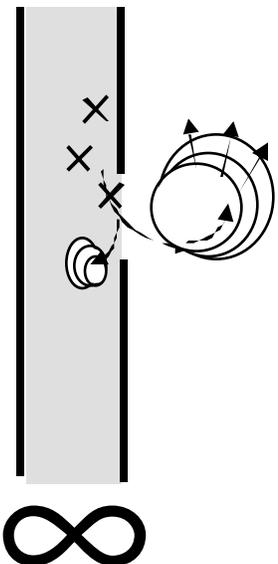
Signs of being in the Counter Vortex:

- | | |
|---|----------------------------------|
| • Expansion/Lengthening | Fluidity |
| • Warmth | Waves of energy |
| • Relaxation, calm | Feeling of lightness, brightness |
| • Settling down; feeling of weight | Awareness of negative pole |
| • Sense of present tense continuity | Abdominal breathing |
| • Viscera dropping; center of gravity lowered | |
| • Tingling or trembling that moves down and out | |

In treatment, the practitioner should assess the client’s overall resources, in the form of accessible positive sensations. The stronger the positive resources, the more the client will be able to process negative sensations.

Using the Warble as a base, the practitioner guides the client into slow, incremental sensation experience, accessing the Trauma and Counter states as they arise, and avoiding feelings of overwhelm.

“Trauma initiates healing”



The infinity symbol embodies the healing process, repeatedly touching both trauma and healing vortices while hinging on the center point “warble.”

“Feelings of triumphancyaliveness and vigor are the ultimate resources for the healing of trauma.”

Re-enactment and Avoidance; Traumatic Coupling

Re-enactment

- May be benign or destructive
 - Lady MacBeth washing hands vs. asthma as suffocation trauma symptom
- Identical or opposite
 - strangulation trauma leads to wearing tight neck clothing OR wearing extremely loose necked clothing
- Perpetrator or Victim
 - Abuser vs. accident prone
- Obvious linkage or dissimilar
- Direct body area relationship or reflex/other body area
- May coincide with anniversary or time of day

“Traumatic coupling is the underlying mechanism that perpetuates all traumatic anxiety responses.”

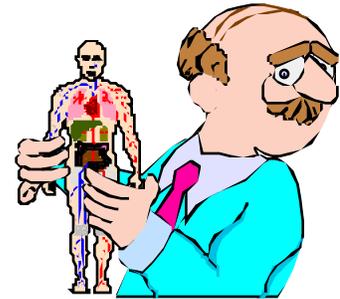
Avoidance

- Restricting movements and life choices to avoid re-stimulation
- Phobias, bound musculature, panic attacks, anxiety

Traumatic Coupling

- “Traumatic coupling is when arousal (intense excitement, extreme emotions, sexual arousal) evokes old trauma patterns.”
- “All arousal greater than a threshold amount will evoke a psycho-physiological response that is similar to the maladaptive one (i.e., freezing/disassociation) that is trauma’s signpost in the body.”
- “Sexual feelings are closely intertwined with Survival feelings.”
 - “The dynamics of trauma are such that they can actually produce frightening and bizarre “memories” of past events which seem real but which never happened.”
 - Both sexuality and survival are ultimately governed in reptilian brain function; these are easily and often confused.

“What do I do with these feelings?”



Technique 1

Felt Sense

- “The key to the exit from this seemingly unsolvable predicament lies in the characteristic that most clearly distinguishes us from animals-- our ability to be consciously aware of our experience. When we are able to slow down and sense all the elements of sensation and feeling that accompany our traumatic patterns, and when we allow them to complete themselves before we move on, we begin to access and transform the drivers and motivators which otherwise compel us to re-enact our traumatic experiences.”
- “The felt sense is the means through which you can learn to hear what the body/mind is saying.”
- “What matters is the sensations, not the content.”
- “The felt sense is the language of the reptilian brain.”
- “Sensation, not intense emotion, is the key to healing trauma.”
- The body/mind communicates its rage/terror in images which may not be actual events.
- “It is to our detriment that we live in a culture that does not honor the internal world in the same way that many native peoples do. For them, the internal world of dreams, images and sensation is sacred; most of us are at best only peripherally unprepared when experience demands it.”

Practitioner Requirements

- Safe environment; boundaries
- Micro-movement awareness; body reading
- Client sitting has advantage of being in orienting position.

“Titration”

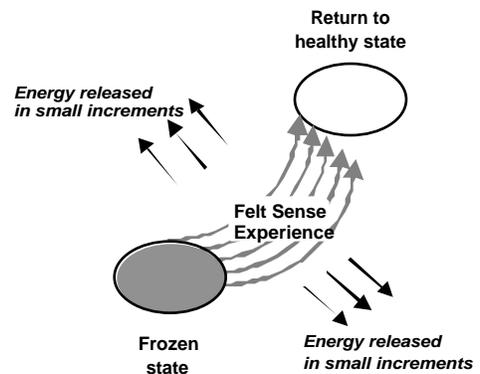
- Gradual introduction and assimilation of traumatic material; HCL and Caustic soda model.

- Stay with sensation; avoid the mind/emotion loop
 - Trauma is held in the autonomic nervous system, which is the reptilian brain; the language of the reptilian brain is sensation. The mind emotion loop leads to “overcoupling.”
- Re-establish continuity of the felt sense
 - Felt sense is truncated in trauma; reinstate the natural instinct.
- Look for resources
 - Establish and support the healing vortex.
- SLOW IT DOWN. Follow one sensation at a time. Interrupt if the trauma vortex is encountered.
 - Time speeds up on the way in to Trauma.
- Move it through time. “Notice what happens next.”
 - Time stops at the center of trauma.
- Broaden the sensation. “What does it feel like at the edge of that? What’s it like in the whole body?”
 - The body constricts the awareness (“tunnel vision”).
- Notice and sense the micromovement. Find the movement within the frozen place.
 - There is always some movement at the center of trauma’s frozen place.
- Experience the movement at its intention stage. “Where does it want to move?”
 - At the intention stage the nervous system can experience new options.
- Work at the subtle levels of the trauma and healing vortex, where there is small sympathetic activation. One round of the autonomic teeter totter at a time; one titration. If you notice a color change or temperature change, wait until it changes back before going on.
 - Wild oscillations of color and temperature mean both sympathetic and parasympathetic are “on” and the activation is overwhelming.

Technique 2

- “Re-engage the traumatic material” very cautiously.
- It does not matter if you are on THE trauma. All roads lead to Rome. Try to stay in the Warble and have only small incremental contacts with the Trauma Vortex. Many clients, especially veterans of catharsis therapy, will dive into the trauma vortex and must be guided to stay back.
- GO SLOWLY! Importance of rhythm and timing.
- Stop if it feels at all overwhelming. Open the eyes and focus somewhere outside. Distract to something else or say “Let’s take a break.”
- Watch for fatigue. Take plenty of time.
- Don’t try to explain or interpret.
- Sympathetic Balance (Energy Exercises, p. 80).
- Watching for parts of the response
 - Going out
 - Constriction; tightening, coldness
 - Orienting; head, eye and neck movement
 - Arms and Legs cold or tingling
 - Disassociation
 - Coming back
 - Warmth
 - Felt sense
 - Shaking/Trembling
- **Breathing**
 - Unique in that it is under the control of both the reptilian and neocortex
 - On the reptilian level, the breathing pattern directly responds to CO2 level and to stress
 - People have Abdominal had thoracic breathing pattern.
- “**Working with imaginations** more powerful than gross movements because it works with intentional movement, which is preparatory movement, and where the nervous system is organizing.”

Letting frozen energy be released gradually



Remember the infinity image as a guide to the process



Specific Applications

First Aid for accidents and falls

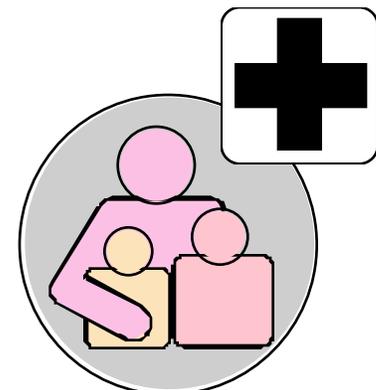
- Attend to your own responses first, avoid communicating more alarm.
- Keep still; let time slow down.
- Support, carry, etc. even if the victim can move on their own.
- Keep warm.
- Allow time for safety and rest before resuming activity.
- Affirm the feelings and encourage experiencing the sensing of them.
- Communicate safety and reassurance.
- Guide the attention to the sensations; repeat whatever they say as a question, to re-affirm their perception.
- Take lots of time between questions.
- Watch for discharge indicators: breathing, stretching, trembling; expect several cycles of this, not just one.
- Validate their responses.
- Attend to their emotional experience as needed.

Hospital trauma in children

- Extremely common due to emergency climate, medical culture, procedures and attitudes.
- Stay close to the child before and after.
- Don’t let children be anesthetized or have invasive procedures unless they are calm.
- Be informed about the kinds of medications used.

Birth Trauma (*Note this assumes knowledge on how to be with babies in general*)

- Establish a warm connected atmosphere.
- Watch for signal from infant as cue to start.
- Place the baby on its back on a soft surface in the middle of the group (parents & practitioner).
- Intermittently push back gently on the feet, in response to the child’s pushes
- Allow the child’s frustration to build and reach a plateau.
- Let the child draw a breath, then gently and firmly place a hand at the top of the head.
- Watch and listen for signs of release.



Exercises

1. The Felt Sense

- Get comfortable
- Feel how your body makes contact with the surface that supports you
- Sense underneath your skin
- What do you feel. Follow the feeling wherever it goes and notice its qualities.
- If you feel an emotion, how do you know that you feel this way? What are the sensations which are associated with that emotional feeling.
- If you start to feel overwhelmed at all, stop by “taking a break” and focusing the attention on something outside the body. When the sense of overwhelm has passed, continue the exercise.

2. Photographs

- Bring the awareness into the body
- Look at magazine photographs
- How do you respond?
- How do you know that you respond in this way?
- Be as specific as possible in describing the sensations
- Stay with the sensations and see if they change
- (Version Two: do this with family photos & memorabilia)

3. Re-establishing the Orienting Response (30 minutes.+)

- Sit comfortably upright in a chair
- Ground yourself fully in the felt sense
- Notice breathing, surfaces, etc.
- Move head SLOWLY forward and back, eyes open, three times. If your movements aren't slow enough to make you feel frustrated, you are going too fast.
If there is discomfort, stay at the edge of, but not in, the location of discomfort.
Observation Observe sensation for five minutes with a non-interpretive attitude of curiosity. Notice temperature and trembling of any kind. Follow the felt sense wherever it goes in the body and notice its qualities.
- Repeat SLOWLY tilting head to one side (not twisting)
Repeat observation
- Move head in widening spiral left or right.
Repeat observation
- Move head in widening spiral in other direction.
Repeat observation
- Repeat 2-3 times/week for a month



4. Experiencing symptoms

1. Think of an event that was triumphant in your life, which had a very successful outcome.
 - Notice the sensation in your body and follow it wherever it goes
 - Stay with the sensations as pure sensations
 - Be curious; Notice size, shape, location;
 - Where is it exactly, where does it begin and end, is there a center?
 - Notice any image which arises; If the image (or sensation) could speak, what would it say?
 - What happens next?
 - GO SLOWLY: take all the time you want/need
 - Notice how your whole body is affected
2. Think of an event that was frightening (but not a major event) which had a successful outcome.
 - Repeat all of the above
 - GO SLOWLY

PETER LEVINE RESOURCES

Training:

Somatic Experiencing[©] www.ergos.com or phone 303-823-9527

Book:

Waking the Tiger, North Atlantic, 1998

Audio Tape Set:

Waking the Tiger, Sounds True, 1999