

WAKING THE TIGER

HEALING TRAUMA



PETER A. LEVINE

WITH

ANN FREDRICK

Waking the Tiger

Healing Trauma

The Innate Capacity to Transform

*

Overwhelming Experiences

Peter A. Levine, Ph.D.
with Ann Frederick

For more information, please visit
www.traumahealing.org, from here you can find out
information about trauma trainings, additional articles
about trauma, as well as discover international
organizations dedicated to the healing of trauma,
including finding a therapist to help you.

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*What people in the Medical, Science, and Health fields
say about Waking the Tiger*

8

Every life contains difficulties we are not prepared for. Read, learn and be prepared for life and healing.

Bernard S. Siegel, M.D.

Best-selling author of *Love, Medicine & Miracles*,
Peace, Love, and Healing

Fascinating! Amazing! A revolutionary exploration of the physiological effects and causes of trauma expands our understanding of the human mind and human behavior experientially. His ideas on how to resolve and heal traumas seem almost unbelievable in their simplicity. He shows us clearly that trauma can be healed and resolved. It is not a life sentence. It is a must read for professionals and lay people alike. Understanding and healing of trauma may very well save humanity from its path of self-destruct.

Mira Rothenberg, Director-Emeritus

Blueberry Treatment Centers for Disturbed Children, author of *Children With Emerald Eyes*

This book is enormously rich in evocative ideas in one of the most significant areas of all our lives. It is superbly reasoned, passionate and makes beautifully easy reading. Levine's work is full of wide-ranging implications, rock solid science and clearly expressed ideas. It is a most important book. Quite possibly a work of genius.

Ron Kurtz, Author

The Body Reveals and *Body-Centered Psychotherapy*

Waking the Tiger introduces Somatic Experiencing, an original and scientific approach to the healing of trauma. The treatment approach is rooted in an understanding of the bi-directional communication between our thoughts and our physiology. Levine effectively argues that the body is healer and that psychological scars of trauma are reversible but only if we listen to the voices of our body.

Stephen W. Porges, Ph.D.

Professor of Human Development and Psychology,

University of Maryland research scientist studying

the neurophysiological basis of emotional regulation, stress, and health.

A compelling, almost lyrical trip through the labyrinth of trauma, blending evolutionary insights with pragmatic clinical practice. One cannot help but be drawn into Dr. Levine's theory of traumatization and transformation a vital contribution to the exciting emerging science of mind/body interaction in the treatment of disease.

Robert C. Scaer, M.D., Neurology

Medical Director, Rehabilitation Services,

Boulder Community Hospital Mapleton Center,

Boulder, CO

Levine knows how to move beyond trauma by engaging the bodily process that should have happened, rather than merely reliving what happened.

Eugene Gendlin. Ph.D.
developer of *Focusing*

Peter Levine has remained at the creative edges of healing, plunging courageously into unknown territories. He has always been consistent in developing an understanding of trauma, its grounding in body tissues, and its healing. This is a book long awaited by students of the healing process.

Don Hanlon Johnson. Ph.D.
Author. Professor of Somatics
California Institute of Integral Studies

Levine's work uncovers the real cause of Traumatic Stress Disorder, thus making it obvious why the usual psychiatric and psychological methods of treating trauma are limited. His approach allows us to "access the problem at physiological roots through the felt sense. The wisdom of the felt sense gives us at once the instinct of an animal and the intelligence of a human being. Lacking either, we are doomed to repeat our hostilities until none of us remain. With the two working together we can move forward on our evolutionary path and become more truly humanable to use all the capacities that are oursable to perceive and enjoy our worldable to bring our children into a world that is relatively safe."

Dolores La Chapelle, Director
Way of the Mountain Center
Teacher of Deep Ecology, skiing, and Tai Chi

I find Peter Levine's work very exciting, because he offers the means to deal effectively with the deep trauma frequently present in the cases of hostages, bombing victims, and other victims of terrorism (and their families, who often become victims themselves). In my work with the State Department, and later, as a consultant on terrorist incidents, I learned that one needs a special mix of patience, compassion, and understanding. Clinically sound procedures are needed to identify the layers of traumatizing experience that may be involved, and to help the victims heal by peeling them away. Anyone who must deal with such trauma cases should read this book and seek Peter Levine's help. He does not pretend to present a formula, but he knows and explains the critical pathways.

Terrell E. (Terry) Arnold
Ex-Deputy Director of the Office of Counterterrorism.
US Department of State
Author of *The Violence Formula*

To my parents, Morris and Helen, I give thanks for the gift of life, the vehicle for the expression of my work, and for your continued full and unequivocal support from both sides of the physical plane. To Pouncer, the Dingo dog, who has been my guide into the animal world as well a constant companion: at the age of seventeen, you continue to show me the vital joy of corporeal life.

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*If you bring forth that which is within you,
Then that which is within you
Will be your salvation.
If you do not bring forth that which is within you,
Then that which is within you
Will destroy you.*
from the Gnostic Gospels

*No matter where we are, the shadow that trots behind
us is definitely four-footed.*

Clarissa Pinkola Estes, Ph.D. from
Women Who Run With The Wolves

Section I. The Body As Healer

*... our mind still has its darkest Africas,
its unmapped Borneos and Amazonian basins.*

Aldous Huxley

1. Shadows From a Forgotten Past

Nature's Plan

A herd of impala grazes peacefully in a lush wadi. Suddenly, the wind shifts, carrying with it a new, but familiar scent. The impala sense danger in the air and become instantly tensed to a hair trigger of alertness. They sniff, look, and listen carefully for a few moments, but when no threat appears, the animals return to their grazing, relaxed yet vigilant.

Seizing the moment, a stalking cheetah leaps from its cover of dense shrubbery. As if it were one organism, the herd springs quickly toward a protective thicket at the wadi's edge. One young impala trips for a split second, then recovers. But it is too late. In a blur, the cheetah lunges toward its intended victim, and the chase is on at a blazing sixty to seventy miles an hour.

At the moment of contact (or just before), the young impala falls to the ground, surrendering to its impending death. Yet, it may be uninjured. The stone-still animal is not pretending to be dead. It has instinctively entered an altered state of consciousness shared by all mammals when death appears imminent. Many indigenous peoples view this phenomenon as a surrender of the spirit of the prey to the predator, which, in a manner of speaking, it is.

Physiologists call this altered state the "immobility" or "freezing" response. It is one of the three primary responses available to reptiles and mammals when faced with an overwhelming threat. The other two, fight and flight, are much more familiar to most of us. Less is known about the immobility response. However, my work over the last twenty-five years has led me to believe that it is the single most important factor in uncovering the mystery of human trauma.

Nature has developed the immobility response for two good reasons. One, it serves as a last-ditch survival strategy. You might know it better as playing possum. Take the young impala, for instance. There is a possibility that the cheetah may decide to drag its 'dead' prey to a place safe from other predators; or to its lair, where the food can be shared later with its cubs. During this time, the impala could awaken from its frozen state and make a hasty escape in an unguarded moment. When it is out of danger, the animal will literally shake off the residual effects of the immobility response and gain full control of its body. It will then return to its normal life as if nothing had happened. Secondly, in freezing, the

impala (and human) enters an altered state in which no pain is experienced. What that means for the impala is that it will not have to suffer while being torn apart by the cheetah's sharp teeth and claws.

Most modern cultures tend to judge this instinctive surrender in the face of overwhelming threat as a weakness tantamount to cowardice. However, underneath this judgment lies a deep human fear of immobility. We avoid it because it is a state very similar to death. This avoidance is understandable, but we pay dearly for it. The physiological evidence clearly shows that the ability to go into and come out of this natural response is the key to avoiding the debilitating effects of trauma. It is a gift to us from the wild.

Why Look to the Wild? Trauma is Physiological

*As surely as we hear the blood in our ears, the echoes
of a million midnight shrieks of monkeys, whose last
sight of the world was the eyes of a panther, have their
traces in our nervous systems.*

—Paul Shepard[^]

The key to healing traumatic symptoms in humans is in our physiology. When faced with what is perceived as inescapable or overwhelming threat, humans and animals both use the immobility response. The important thing to understand about this function is that it is involuntary. This simply means that the physiological mechanism governing this response resides in the primitive, instinctual parts of our brains and nervous systems, and is not under our conscious control. That is why I feel that the study of wild animal behavior is essential to the understanding and healing of human trauma.

The involuntary and instinctual portions of the human brain and nervous system are virtually identical to those of other mammals and even reptiles. Our brain, often called the triune brain, consists of three integral systems. The three parts are commonly known as the reptilian brain (instinctual), the mammalian or limbic brain (emotional), and the human brain or neo-cortex (rational). Since the parts of the brain that are activated by a perceived life-threatening situation are the parts we share with animals, much can be learned by studying how certain animals, like the impala, avoid traumatization. To take this one step further, I believe that the key to healing traumatic symptoms in humans lies in our being able to mirror the fluid adaptation of wild animals as they shake out and pass through the immobility response and become fully mobile and functional again.

Unlike wild animals, when threatened we humans have never found it easy to resolve the dilemma of whether to fight or flee. This dilemma stems, at least in part, from the fact that our species has played the role of both predator and prey. Prehistoric peoples, though

many were hunters, spent long hours each day huddled together in cold caves with the certain knowledge that they could be snatched up at any moment and torn to shreds. Our chances for survival increased as we gathered in larger groups, discovered fire, and invented tools, many of which were weapons used for hunting and self-defense. However, the genetic memory of being easy prey has persisted in our brains and nervous systems. Lacking both the swiftness of an impala and the lethal fangs and claws of a stalking cheetah, our human brains often second guess our ability to take life-preserving action?. This uncertainty has made us particularly vulnerable to the powerful effects of trauma. Animals like the agile, darting impala know they are prey and are intimate with their survival resources. They sense what they need to do and they do it. Likewise, the sleek cheetah's seventy-miles-an-hour sprint and treacherous fangs and claws make it a self-assured predator.

The line is not so clearly delineated for the human animal. When confronted with a life-threatening situation, our rational brains may become confused and override our instinctive impulses. Though this overriding may be done for a good reason, the confusion that accompanies it sets the stage for what I call the "Medusa Complex"—the drama called trauma.

As in the Greek myth of Medusa, the human confusion that may ensue when we stare death in the face can turn us to stone. We may literally freeze in fear, which will result in the creation of traumatic symptoms.

Trauma is a pervasive fact of modern life. Most of us have been traumatized, not just soldiers or victims of abuse or attack. Both the sources and consequences of trauma are wide-ranging and often hidden from our awareness. These include natural disasters (e.g., earthquakes, tornadoes, floods, and fires), exposure to violence, accidents, falls, serious illnesses, sudden loss (i.e., a loved one), surgical and other necessary medical and dental procedures, difficult births, and even high levels of stress during gestation.

Fortunately, because we are instinctual beings with the ability to feel, respond, and reflect, we possess the innate potential to heal even the most debilitating traumatic injuries. I am convinced, as well, that we as a global human community can begin to heal from the effects of large-scale social traumas such as war and natural disaster.

It's About Energy

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. The long-term, alarming, debilitating, and often bizarre symptoms of PTSD develop when we

cannot complete the process of moving in, through and out of the "immobility" or "freezing" state. However, we can thaw by initiating and encouraging our innate drive to return to a state of dynamic equilibrium.

Let's cut to the chase. The energy in our young impala's nervous system as it flees from the pursuing cheetah is charged at seventy miles an hour. The moment the cheetah takes its final lunge, the impala collapses. From the outside, it looks motionless and appears to be dead, but inside, its nervous system is still supercharged at seventy miles an hour. Though it has come to a dead stop, what is now taking place in the impala's body is similar to what occurs in your car if you floor the accelerator and stomp on the brake simultaneously. The difference between the inner racing of the nervous system (engine) and the outer immobility (brake) of the body creates a forceful turbulence inside the body similar to a tornado.

This tornado of energy is the focal point out of which form the symptoms of traumatic stress. To help visualize the power of this energy, imagine that you are making love with your partner, you are on the verge of climax, when suddenly, some outside force stops you. Now, multiply that feeling of withholding by one hundred, and you may come close to the amount of energy aroused by a life-threatening experience.

A threatened human (or impala) must discharge all the energy mobilized to negotiate that threat or it will become a victim of trauma. This residual energy does not simply go away. It persists in the body, and often forces the formation of a wide variety of symptoms e.g.² anxiety, depression, and psychosomatic and behavioral problems. These symptoms are the organism's way of containing (or corralling) the undischarged residual energy.

Animals in the wild instinctively discharge all their compressed energy and seldom develop adverse symptoms. We humans are not as adept in this arena. When we are unable to liberate these powerful forces, we become victims of trauma. In our often-unsuccessful attempts to discharge these energies, we may become fixated on them. Like a moth drawn to a flame, we may unknowingly and repeatedly create situations in which the possibility to release ourselves from the trauma trap exists, but without the proper tools and resources most of us fail. The result, sadly, is that many of us become riddled with fear and anxiety and are never fully able to feel at home with ourselves or our world. Many war veterans and victims of rape know this scenario only too well. They may spend months or even years talking about their experiences, reliving them, expressing their anger, fear, and sorrow, but without passing through the primitive "immobility responses" and releasing the residual energy, they will often remain stuck in the traumatic maze and continue to experience distress.

Fortunately, the same immense energies that create the symptoms of trauma, when properly engaged and mobilized, can transform the trauma and propel us into new heights

of healing, mastery, and even wisdom. Trauma resolved is a great gift, returning us to the natural world of ebb and flow, harmony, love, and compassion. Having spent the last twenty-five years working with people who have been traumatized in almost every conceivable fashion, I believe that we humans have the innate capacity to heal not only ourselves, but our world, from the debilitating effects of trauma.

2. *The Mystery of Trauma*

What is Trauma?

As I was describing my work to a businessman recently, he exclaimed, "Trauma must have been what was wrong with my daughter when she had those screaming fits in her sleep. The psychologist I took her to told me they were 'just nightmares.' I knew they weren't just nightmares." He was right. His daughter had been severely frightened by a routine emergency room procedure and for weeks afterward would scream and cry in her sleep, her body almost completely rigid. The girl's concerned parents were unable to wake her. The odds are very high that she was having a traumatic reaction to her hospital stay.

Many people, like this businessman, have at some point in their lives experienced something inexplicable, or observed something similar in a person close to them. While not all of these unexplained happenings are symptoms of trauma, many are. The "helping" professions tend to describe trauma in terms of the event that caused it, instead of defining it in its own terms. Since we don't have a way to accurately define trauma, it can be difficult to recognize.

The official definition that psychologists and psychiatrists use to diagnose trauma is that it is caused by a stressful occurrence "that is outside the range of usual human experience, and that would be markedly distressing to almost anyone." This definition encompasses the following unusual experiences: "serious threat to one's life or physical integrity; serious threat or harm to one's children, spouse, or other close relatives or friends; sudden destruction of one's home or community; seeing another person who is or has recently been seriously injured or killed as the result of an accident or physical violence."

This description is somewhat useful as a starting point, but it is also vague and misleading. Who can say what is "outside the range of usual human experience", or "markedly distressing to almost anyone"? The events mentioned in the definition are helpful qualifiers, but there are many other potentially traumatizing events that fall into gray areas. Accidents, falls, illnesses, and surgeries that the body unconsciously perceived as threatening are often not consciously regarded as outside the range of usual human experience. However, they are often traumatizing. In addition, rapes, drive-by shootings, and other tragedies occur frequently in many communities. Though they may be

considered inside the range of usual experience, rapes and shootings will always be traumatic.

The healing of trauma depends upon the recognition of its symptoms. Because traumatic symptoms are largely the result of primitive responses, they are often difficult to recognize. People don't need a definition of trauma; we need an experiential sense of how it feels. A client of mine described the following experience:

My five-year-old son and I were playing ball in the park when he threw the ball a long distance away from me. While I was retrieving the ball, he ran into a busy street to get another ball he had spotted. As I reached to pick up the ball we had been playing with, I heard the tires of a car screech long and loud. I knew instantly that Joey had been hit by the car. My heart seemed to fall into the pit of my stomach. All the blood in my body seemed to stop circulating and fell down to my feet. Feeling pale as a ghost, I started running toward the crowd gathering in the street. My legs were as heavy as lead. Joey was nowhere in sight, yet with the certainty that he had been involved in the accident, my heart tightened and constricted, then expanded to fill my chest with dread. I pushed through the crowd and collapsed on top of Joey's still body. The car had dragged his body several feet before it stopped. His body was scratched and bloody, his clothes were torn, and he was so still. Feeling panic-stricken and helpless, I frantically tried to piece him back together. I tried to wipe away the blood, but only succeeded in spreading it. I tried to pat his torn clothes back into place. I kept thinking, "No, this isn't happening. Breathe, Joey, breathe." As though my life force could infuse life into his still body, I kept collapsing on top of him, pressing my heart against his. A numbness began to creep over me as I felt myself pulling away from the scene was just going through the motions now. I couldn't feel anymore.

People who have experienced trauma of this magnitude really know what it is, and their responses to it are basic and primitive. With this unfortunate woman the symptoms were brutally clear and compelling. For many of us, however, the symptoms are more subtle. We can learn to identify a traumatic experience by exploring our own reactions. It has a feel that is unmistakable once it is identified. Lets look at an event that is clearly outside the range of ordinary experience.

Chowchilla, California

On a sweltering summer day in 1976, twenty-six children ranging in age from five to fifteen years were kidnapped from their school bus outside a small California town. They were shoved into two dark vans, driven to an abandoned quarry, and then imprisoned in an underground vault for approximately thirty hours. They escaped, and were immediately taken to a local hospital. There, they received treatment for physical injuries, but were returned home without even cursory psychological examinations. As far as the two hospital physicians could tell, the children were "all right." The doctors simply did not recognize that anything was wrong or that the children's progress would need to be closely monitored. A few days later a local psychiatrist was asked to address the Chowchilla parents. He stated emphatically that there might be a psychological problem

in only one of the twenty-six children. He was expressing the standard psychiatric belief at that time.

Eight months after the event, another psychiatrist, Lenore Terr, began one of the first scientific follow-up studies of children who had been traumatized. The study included these children. Rather than one in the twenty-six children showing aftereffects, Terr found the reverse to be true: nearly all of the children showed severe long-term effects on their psychological, medical, and social functioning. For many of these children the nightmare had just begun. They experienced recurring nightmares, violent tendencies, and impaired ability to function normally in personal and social relations. The effects were so debilitating that the lives and family structures of these children were all but destroyed in the years that followed. The one child who was less severely affected was fourteen-year-old Bob Barklay. Here is a brief summary of what happened to him during the traumatic event.

The children had been imprisoned in "the hole" (a trailer buried beneath hundreds of pounds of dirt and rock in an abandoned quarry) for nearly a day when one of them leaned against a wooden pole that was supporting the roof. The makeshift support fell and the ceiling began to collapse on them. By this time, most of them were suffering from severe shock, frozen and apathetic, they were almost unable to move. Those who realized the seriousness of the situation began to scream. These children could see that if they weren't able to escape soon, they would all die. It was in this moment of crisis that Bob Barklay enlisted the help of another boy to dig their way out. Following Bob's lead, the boys were able to scoop out enough dirt to dig a small tunnel through the ceiling and into the quarry.

Bob was able to respond to the crisis and remain actively mobilized throughout the escape. Even though the other children escaped with him, many of them seemed to experience more fear in escaping their entombment. If they had not been urged strongly to flee, they would have remained there-helpless. Moving like zombies, they had to be ushered out to freedom. This passivity is similar to the behavior noted by military teams that specialize in the freeing of hostages. It is called the "Stockholm syndrome." Often, hostages will not move unless repeatedly commanded to do so.

The Mystery of Trauma

By bringing the other children to freedom, Bob Barklay successfully met an extraordinary challenge. On that day at Chowchilla he was unquestionably a hero. However, what is more significant for his life, and for anyone interested in trauma, is that he emerged without the same degree of debilitating traumatic aftereffects as did the other twenty-five

children. He was able to stay in motion and flow through the immobility response that completely overwhelmed and incapacitated the others. Some were so frightened that their fear continued to overwhelm and immobilize them long after the actual danger had passed.

This is a theme present in traumatized people. They are unable to overcome the anxiety of their experience. They remain overwhelmed by the event, defeated and terrified. Virtually imprisoned by their fear, they are unable to re-engage in life. Others who experience similar events may have no enduring symptoms at all. Trauma affects some of us in mysterious ways. This is one of them. No matter how frightening an event may seem, not everyone who experiences it will be traumatized. Why do some people, like Bob Barklay, successfully meet such challenges while others, who seem no less intelligent or capable, become completely debilitated? Of greater import, what are the implications concerning those of us who are already debilitated from prior traumas?

Waking the Tiger: A First Glimmering

Trauma was a complete mystery to me when I first began working with it. My first major breakthrough in understanding came quite unexpectedly in 1969 when I was asked to see a woman, Nancy, who was suffering from intense panic attacks. The attacks were so severe that she was unable to leave her house alone. She was referred to me by a psychiatrist who knew of my interest in body/mind approaches to healing (a fledgling and obscure field at that time). He thought that some kind of relaxation training might be helpful.

Relaxation was not the answer. In our first session, as I naively, and with the best of intentions, attempted to help her relax, she went into a full-blown anxiety attack. She appeared paralyzed and unable to breathe. Her heart was pounding wildly, and then seemed to almost stop. I became quite frightened. Had I paved the yellow brick road to hell? We entered together into her nightmarish attack.

Surrendering to my own intense fear, yet somehow managing to remain present, I had a fleeting vision of a tiger jumping toward us. Swept along with the experience, I exclaimed loudly, "You are being attacked by a large tiger. See the tiger as it comes at you. Run toward that tree; climb it and escape!" To my surprise, her legs started trembling in running movements. She let out a bloodcurdling scream that brought in a passing police officer (fortunately my office partner somehow managed to explain the situation). She began to tremble, shake, and sob in full-bodied convulsive waves.

Nancy continued to shake for almost an hour. She recalled a terrifying memory from her childhood. When she was three years old she had been strapped to a table for a

tonsillectomy. The anesthesia was ether. Unable to move, feeling suffocated (common reactions to ether), she had terrifying hallucinations. This early experience had a deep impact on her. Like the traumatized children at Chowchilla, Nancy was threatened, overwhelmed, and as a result, had become physiologically stuck in the immobility response. In other words, her body had literally resigned itself to a state where the act of escaping could not exist. Along with this resignation came the pervasive loss of her real and vital self as well as loss of a secure and spontaneous personality. Twenty years after the traumatizing event, the subtle and hidden effects emerged. Nancy was in a crowded room taking the Graduate Records Examination when she went into a severe panic attack. Later, she developed agoraphobia (fear of leaving her house alone). The experience was so extreme and seemingly irrational that she knew she must seek help.

After the breakthrough that came in our initial visit, Nancy left my office feeling, in her words, "like she had herself again." Although we continued working together for a few more sessions, where she gently trembled and shook, the anxiety attack she experienced that day was her last. She stopped taking medication to control her attacks and subsequently entered graduate school, where she completed her doctorate without relapse. At the time I met Nancy, I was studying animal predator-prey behaviors. I was intrigued by the similarity between Nancy's paralysis when her panic attack began and what happened to the impala described in the last chapter. Most prey animals use immobility when attacked by a larger predator from which they can't escape. I am quite certain that these studies strongly influenced the fortuitous vision of the imaginary tiger. For several years after that I worked to understand the significance of Nancy's anxiety attack and her response to the image of the tiger. There were many detours and wrong turns along the way.

I now know that it was not the dramatic emotional catharsis and reliving of her childhood tonsillectomy that was catalytic in her recovery, but the discharge of energy she experienced when she flowed out of her passive, frozen immobility response into an active, successful escape. The image of the tiger awoke her instinctual, responsive self. The other profound insight that I gleaned from Nancy's experience was that the resources that enable a person to succeed in the face of a threat can be used for healing. This is true not just at the time of the experience, but even years after the event.

I learned that it was unnecessary to dredge up old memories and relive their emotional pain to heal trauma. In fact, severe emotional pain can be re-traumatizing. What we need to do to be freed from our symptoms and fears is to arouse our deep physiological resources and consciously utilize them. If we remain ignorant of our power to change the course of our instinctual responses in a proactive rather than reactive way, we will continue being imprisoned and in pain.

Bob Barklay minimized the traumatic impact of his experience by remaining engaged in the task of freeing himself and the other children from the underground vault. The focused energy he expended in doing so is the key to why he was less traumatized than the other children. He not only became a hero in the moment, but he also helped free his nervous system from being overburdened by undischarged energy and fear for years to come.

Nancy became a heroine twenty years after her ordeal. The running movements made by her legs when she responded to the make-believe tiger allowed her to do the same thing. This response helped rid her nervous system of the excess energy that had been mobilized to deal with the threat she experienced during her tonsillectomy. She was able, long after* the original trauma, to awaken her capacity for heroism and actively escape—as Bob Barklay did. The long-term results for Bob and Nancy were similar. Released from the debilitating effects that plague so many trauma sufferers, they were both able to move on with their lives. As the work developed I learned that the healing process was more effective if it was less dramatic, occurring more gradually. The most important lesson I have gleaned is that we all have the innate capacity to heal our traumas.

When we are unable to flow through trauma and complete instinctive responses, these incompleted actions often undermine our lives. Unresolved trauma can keep us excessively cautious and inhibited, or lead us around in ever-tightening circles of dangerous re-enactment, victimization, and unwise exposure to danger. We become the perpetual victims or therapy clients. Trauma can destroy the quality of our relationships and distort sexual experiences. Compulsive, perverse, promiscuous, and inhibited sexual behaviors are common symptoms of trauma—not just sexual trauma. The effects of trauma can be pervasive and global or they can be subtle and elusive. When we do not resolve our traumas, we feel that we have failed, or that we have been betrayed by those we chose to help us. We need not blame this failure and betrayal on ourselves or others. The solution to the problem lies in increasing our knowledge about how to heal trauma.

Until we understand that traumatic symptoms are physiological as well as psychological, we will be woefully inadequate in our attempts to heal them. The heart of the matter lies in being able to recognize that trauma represents animal instincts gone awry. When harnessed, these instincts can be used by the conscious mind to transform traumatic symptoms into a state of well-being.

Acts must be carried through to their completion.

Whatever their point of departure, the end will be beautiful.

It is (only) because an action has not been completed that it is vile.

—Jean Genet, from *Thiefs Journal*

4. *A Strange New Land*

Trauma Is Not a Life Sentence

Some of the frightening and often bizarre symptoms suffered by traumatized people include: flashbacks, anxiety, panic attacks, insomnia, depression, psychosomatic complaints, lack of openness, violent unprovoked rage attacks, and repetitive destructive behaviors. People who were once healthy can be propelled to the "edge of insanity" as the result of events that occur within a relatively short period of time. Bring up the subject of trauma and most people think of war veterans, or people who were severely abused as children.

Trauma has become so commonplace that most people don't even recognize its presence. It affects everyone. Each of us has had a traumatic experience at some time in our lives, regardless of whether it left us with an obvious case of post-traumatic stress. Because trauma symptoms can remain hidden for years after a triggering event, some of us who have been traumatized are not yet symptomatic.

Both the causes and the symptoms of trauma are incredibly vast and diverse. Today, it is understood that trauma is a common occurrence that can be caused by seemingly benign events. The good news is that we don't have to live with it—at least, not forever. Trauma can be healed, and even more easily prevented. Its most bizarre symptoms can be resolved if we are willing to let our natural, biological instincts guide us. To accomplish this, we need to learn a whole new way of understanding and experiencing ourselves. For most of us its going to be like living in a strange new land.

The Strange New Land

I'm going to take you into the dark, primeval regions of the world that were once inhabited solely by reptiles. This primitive world is still very much alive in us. It is still home to some of our most valuable personal resources. Most of us are taught to ignore these innate resources and depend upon the "advantages" offered by technology. We choose to accept this solution without realizing that we have given up important parts of ourselves. Perhaps we are unaware that we have made this choice.

When humans roamed the hills and valleys, gathered roots and berries, hunted wild animals, and lived in caves, our existence was closely linked to the natural world. Every day, every minute, and every second we were prepared to defend ourselves, our families, and allies from predators and other dangers—often at the risk of our own lives. The irony is that the life-threatening events prehistoric people routinely faced molded our modern nervous systems to respond powerfully and fully whenever we perceive our survival to be threatened. To this day, when we exercise this natural capacity, we feel exhilarated and alive, powerful, expanded, full of energy, and ready to take on any challenge. Being threatened engages our deepest resources and allows us to experience our fullest potential as human beings. In turn, our emotional and physical well-being is enhanced.

Modern life offers us few overt opportunities to use this powerfully evolved capacity. Today, our survival depends increasingly on developing our ability to think rather than being able to physically respond. Consequently, most of us have become separated from our natural, instinctual selves—in particular, the part of us that can proudly, not disparagingly, be called animal. Regardless of how we view ourselves, in the most basic sense we literally are human animals. The fundamental challenges we face today have come about relatively quickly, but our nervous systems have been much slower to change. It is no coincidence that people who are more in touch with their natural selves tend to fare better when it comes to trauma. Without easy access to the resources of this primitive, instinctual self, humans alienate their bodies from their souls. Most of us don't think of or experience ourselves as animals. Yet, by not living through our instincts and natural reactions, we aren't fully human either. Existing in a limbo in which we are neither animal nor fully human can cause a number of problems, one of which is being susceptible to trauma.

In order to stay healthy, our nervous systems and psyches need to face challenges and to succeed in meeting those challenges. When this need is not met, or when we are challenged and cannot triumph, we end up lacking vitality and are unable to fully engage in life. Those of us who have been defeated by war, abuse, accidents, and other traumatic events suffer far more severe consequences.

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Trauma!

Few people question the seriousness of the problems created by trauma, yet we have difficulty comprehending how many people are affected by it. In a recent study of more than one thousand men and women, it was found that forty percent had gone through a traumatic event in the past three years. Most often cited were: being raped or physically assaulted; being in a serious accident; witnessing someone else being killed or injured. As

many as thirty percent of the homeless people in this country are thought to be Vietnam veterans suffering from post-traumatic stress. Somewhere between seventy-five and one hundred million Americans have experienced childhood sexual and physical abuse. The conservative AMA estimates that over thirty percent of all married women, as well as thirty percent of pregnant women, have been beaten by their spouses. One woman is beaten by her husband or lover every nine seconds (the beatings of pregnant women are also traumatic to the fetus).

War and violence have affected the lives of nearly every man, woman, and child living on this planet. In the last few years, entire communities have been wiped out or devastated by natural disasters—Hurricane Hugo, Andrew, and Iniki; flooding of the Midwest and California; the Oakland Fire; the Loma Prieta, Los Angeles, Mexico City, Cairo, and Kobe Earthquakes; and many more. All of the people affected by these events are at risk or are already suffering from trauma.

Many other people have traumatic symptoms that go unrecognized. For example, ten to fifteen percent of all adults suffer from panic attacks, unexplained anxiety, or phobias. As many as seventy-five percent of the people who go to doctors have complaints that are labeled psychosomatic because no physical explanation can be found for them. My work leads me to believe that many of these people have traumatic histories which at least contribute to their symptoms. Depression and anxiety often have traumatic antecedents, as does mental illness. A study conducted by Bessel van der Kolk., a respected researcher in the field of trauma, has shown that patients at a large mental institution frequently had symptoms indicative of trauma. Many of these symptoms were overlooked at the time⁵⁰ because no one recognized their significance.

Today, most people are aware of the fact that sexual, physical, and emotional abuse, as well as exposure to violence or danger, can profoundly alter a person's life. What most people don't know is that many seemingly benign situations can be traumatic. The consequences of trauma can be widespread and hidden. Over the course of my career I have found an extraordinary range of symptoms—behavioral and psychosomatic problems, lack of vitality, etc.—related not only to the traumatic events mentioned above, but also to quite ordinary events.

Common occurrences can produce traumatic after effects that are just as debilitating as those experienced by veterans of combat or survivors of childhood abuse. Traumatic effects are not always apparent immediately following the incidents that caused them. Symptoms can remain dormant, accumulating over years or even decades. Then, during a stressful period, or as the result of another incident, they can show up without warning. There may also be no indication of the original cause. Thus, a seemingly minor event can

give rise to a sudden breakdown, similar to one that might be caused by a single catastrophic event.

What We Don't Know Can Hurt Us

When it comes to trauma, what we don't know can hurt us. Not knowing we are traumatized doesn't prevent us from having problems that are caused by it. However, with the incredible maze of misinformation and myth that exists about trauma and its treatment, the denial is understandable.

It is difficult enough to deal solely with the symptoms of trauma without the added anxiety of not knowing why we are experiencing them or whether they will ever cease. Anxiety can crop up for a variety of reasons, including a deep pain that comes when your spouse, friends, and relatives unite in the conviction that its time for you to get on with your life. They want you to act normally because they believe you should have learned to live with your symptoms by now. There are feelings of hopelessness, futility, and despair that accompany being incorrectly advised that the only way your symptoms can be alleviated is through a lifelong regime of medication or therapy. Estrangement and fear can arise from the thought of talking to anyone about your symptoms, because your symptoms are so bizarre you are certain that no one else could be experiencing the same thing. You also suspect that no one will believe you if you do tell them, and that you are probably going crazy. There is the added stress associated with mounting medical bills as you go in for a third or fourth round of tests, procedures, referrals, and finally, exploratory surgery to ascertain the cause of your mysterious pain. You live with the knowledge that the doctors believe you are a hypochondriac because no cause for your condition can be found.

When interpreting trauma symptoms, jumping to the wrong conclusions can also be devastating. Harmful consequences can ensue when inaccurate readings of symptoms lead people to believe they were sexually, physically, or even ritually abused as children, when they were not. I am in no way suggesting that childhood abuse does not occur. Large numbers of children in every segment of society suffer unconscionable abuses every day. Many of them do not remember the abuses until they become adults. However, as I will explain in later chapters, the dynamics of trauma are such that they can produce frightening and bizarre "memories" of past events that seem extremely real, but never happened.

The body of misinformation about trauma, its treatment, and a traumatized person's prospects for recovery is astounding. Even many professionals who specialize in trauma don't understand it. Inevitably, misinformation leads to anxiety and more suffering.

A Traumatized Person's Reality

All of us have had experiences that lose something in the telling. Shrugging it off, we say, "You had to be there." Trauma is such an experience. Words can't accurately convey the anguish that a traumatized person experiences. It has an intensity that defies description. Many traumatized people feel that they live in a personal hell in which no other human could possibly share. While this is not entirely true, elements of this perception are accurate. Here is a condensation of what severely traumatized individuals struggle with: *I don't know of one thing I don't fear. I fear getting out of bed in the morning. I fear walking out of my house. I have great fears of death. ..not that I will die someday, but that I am going to die within the next few minutes. I fear anger...my own and everyone else's, even when anger is not present. I fear rejection and/or abandonment. I fear success and failure. I get pain in my chest, and tingling and numbness in my arms and legs every day. I almost daily experience cramps ranging from menstrual-type cramps to intense pain. I just really hurt most of the time. I feel that I can't go on. I have headaches. I feel nervous all the time. I have shortness of breath, racing heart, disorientation, and panic. I'm always cold, and I have dry mouth. I have trouble swallowing. I have no energy or motivation, and when I do accomplish something, I feel no sense of satisfaction. I feel overwhelmed, confused, lost, helpless, and hopeless daily. I have uncontrollable outbursts of rage and depression.*

Get On with Your Life

If it hurts, hide it.

—Michael Martin Murphy from Cowboy Logic

Because the symptoms and emotions associated with trauma can be extreme, most of us (and those close to us) will recoil and attempt to repress these intense reactions. Unfortunately, this mutual denial can prevent us from healing. In our culture there is a lack of tolerance for the emotional vulnerability that traumatized people experience. Little time is allotted for the working through of emotional events. We are routinely pressured into adjusting too quickly in the aftermath of an overwhelming situation.

Denial is so common in our culture that it has become a cliché. How often have you heard these words? "Pull yourself together, it's over now. You should forget about it. Grin and bear it. It's time to get on with your life."

Who Is Traumatized?

Our ability to respond appropriately when faced with danger and threat is determined by a number of different factors:

The event itself. How threatening is it? How long does it last? How often does it occur? Threatening events that are intense and continuous present the greatest challenges. Severely threatening incidents that occur repeatedly (but with some reprieve) can be equally challenging. War and childhood abuse are two of the most common examples of³ traumatizing events that often exceed an individual's survival resources.

The context of a person's life at the time of the traumatizing event. Support (or lack of it) by family and friends can have a dramatic impact on us. Also significant is the toll taken by poor health, ongoing stress, fatigue, or poor nutrition.

Physical characteristics of the individual. Some people are constitutionally (genetically) more resilient to stressful events than others. Strength, speed, and overall physical fitness can also be important in some situations. Even more important is a person's age or level of physiological development and resilience. Being left alone in a cold room can be totally overwhelming to an infant, frightening to a toddler, distressing to a ten-year-old, and only mildly uncomfortable to an adolescent or adult.

A person's learned capabilities. Infants and children, or anyone lacking the experience or skills to handle a threatening situation, are more vulnerable to traumatization. In the example above, an adolescent or an adult cannot only tolerate the cold and isolation more easily, they can also complain, look for a thermostat, try to leave the room, put on a sweater, or just rub their arms. In varying degrees these options are not available to a younger child or infant. Because of this fact, traumatic reactions often track back to early childhood. It is important to remember that a traumatic reaction is valid regardless of how the event that induced it appears to anyone else.

The individual's experienced sense of his or her capacity to meet danger. Some people experience themselves as completely capable of defending themselves against danger while others don't. This experienced sense of self-confidence is significant, and is not completely determined by our available resources for dealing with threatening situations. These resources can be either internal or external.

External resources. What the environment provides in the way of potential safety (e.g., a tall sturdy tree, rocks, a narrow crevice, a good hiding place, a weapon, a helpful friend) contributes to our inner sense of resourcefulness, if our developmental level is such that we can take advantage of it. For a child, an external resource could be an adult who meets⁴ the child with respect rather than abuse, or it could be a place of safety where abuse does

not occur. A resource (especially for children) can come in many forms—an animal, a tree, a stuffed toy, or even an angel.

Internal resources. Internally, a person's experienced sense of self is affected by a complex array of resources. These resources include psychological attitudes and experience, but even more important are the instinctual responses known as innate action plans that are deeply embedded in the organism. All animals, including humans, use these instinctive solutions to improve their chances of survival. They are like the preset programs that govern all of our basic biological responses (e.g., eating, resting, reproducing, and defending). In a healthy person, the nervous system brings these innate defense action plans to the fore whenever a threat is perceived. For example: your arm suddenly raises to protect you from a (consciously) unnoticed ball thrown in your direction; or, when you duck a fraction of a second before you walk into a low-hanging branch. Innate action plans also involve the fight and flight reactions.

In a more complex example, I was told the following story by a woman: she is walking home in the dark when she sees two men coming toward her on the opposite side of the street. Something about their demeanor doesn't feel right, and the woman becomes immediately alert. As they come closer, the two men split up, one angles toward her across the street, the other circles around behind her. What was suspicion before is now confirmed—she is in danger. Her heart rate increases, she feels suddenly more alert, and her mind searches wildly for an optimal response. Should she scream? Should she run? Where should she run to? What should she scream? Choices tumble through her mind at a frenetic rate. She has too many options to choose from and not enough time to consider them. Dramatically, instinct takes over. Without consciously deciding what to do, she suddenly finds herself moving with firm, quick steps straight toward the man angling across the street. Visibly startled by her boldness, the man veers off in another direction. The man behind her melts into the shadows as the man in front of her loses his strategic⁵⁵ position. They are confused. She is safe.

Thanks to her ability to trust her instinctual flow, this woman was not traumatized. Despite her initial confusion about what to do, she followed one of her innate defense action plans and successfully avoided the attack.

A similar behavior was reported of Misha, a two-year-old Siberian Husky described in Elizabeth Thomas' delightful book, *The Hidden Life of Dogs*. On one of his evening jaunts, Misha encountered a large, fierce Saint Bernard and was trapped between it and the highway: "...for a few seconds things looked bad for Misha, but then he solved the problem brilliantly. Head up, tail loosely high like a banner of self-confidence, he broke into a canter and bounded straight for the Saint Bernard." For both the woman on the dark

street and for Misha, successful resolutions to their problems emerged from instinctual action plans.

History of success or failure. Whether or not we are able to use these instinctual action plans is greatly influenced by our past successes and failures in similar situations.

Causes of Trauma

I have been amazed at the broad range of traumatic events and reactions I have observed throughout my career. Some, like childhood surgeries, are significant but seemingly benign events in the person's memory. A client describes the following formative childhood experience at age four:

I struggled with masked giants who were strapping me to a high, white table. Silhouetted in the cold, harsh light that glared in my eyes was the figure of someone coming towards me with a black mask. The mask had a vile smell that caused me to choke and I continued to struggle as it was forced down onto my face. Trying desperately to scream and turn away, I spun into a dizzying, black tunnel of horrific hallucinations. I awoke in a gray-green room, devastated. Except for a very bad sore throat, it appeared that I was perfectly okay. I was not. I felt utterly and completely abandoned and betrayed. All that I had been told was that I could have my favorite ice cream and that my parents would be with me. After the operation I lost the sense of a safe, comprehensible world where I had the ability to respond. I became consumed by a helpless sense of shame and a feeling that was bad" (the rational brain assumes that he must be bad to deserve this kind of punishment). For years after this annihilating experience, I feared bedtime and would sometimes wake up in the middle of the night. Gasping for breath and too scared and ashamed to cry out. I lay alone, terrified of suffocating to death.

By the age of six or seven, family stress and the pressure of school intensified my symptoms. I was sent to see a child psychiatrist. Her main concern was a shaggy, dirty, white, stuffed dog that I needed to have beside me to fall asleep. The reason for my anxiety and excessive shyness went undiscovered. The doctor's approach was to further frighten me by telling me about the problems needing a stuffed friend would cause me as an adult. I must say that the therapy "worked" in that regard (I threw my dog away). However, my symptoms continued and I developed chronic anxiety attacks, frequent stomach-aches, and other "psychosomatic" problems that lasted from junior high into graduate school.

Many events can cause traumatic reactions later in life, depending on how the person experienced them at the time. Some examples of common traumatic antecedents are:

- Fetal trauma (intra-uterine)
- Birth trauma
- Loss of a parent or close family member
- Illness, high fevers, accidental poisoning
- Physical injuries, including falls and accidents
- Sexual, physical, and emotional abuse, including severe abandonment, or beatings
- Witnessing violence
- Natural disasters such as earthquakes, fires, and floods
- Certain medical and dental procedures

- Surgery, particularly tonsillectomies with ether; operations for ear problems and for so-called "lazy eye"
- Anesthesia
- Prolonged immobilization; the casting and splinting of young children's legs or torsos for various reasons (turned-in feet, scoliosis)

The fact that hospitalizations and medical procedures routinely produce traumatic results comes as a surprise to many people. The traumatic aftereffects from prolonged immobilization, hospitalizations, and especially surgeries are often long-lasting and severe. Even though a person may recognize that an operation is necessary, and despite the fact that they are unconscious as the surgeon cuts through flesh, muscle, and bone, it still registers in the body as a life-threatening event. On the "cellular level" the body perceives that it has sustained a wound serious enough to place it in mortal danger. Intellectually, we may believe in an operation, but on a primal level, our bodies do not. Where trauma is concerned, the perception of the instinctual nervous system carries more weight much more. This biological fact is a primary reason why surgery will often produce a post-traumatic reaction.

In an "ordinary" story from the July, 1993 edition of *Reader's Digest* entitled "Everything is not Okay," a father describes his son Robbie's "minor" knee surgery:

The doctor tells me that everything is okay. The knee is fine, but everything is not okay for the boy waking up in a drug-induced nightmare, thrashing around on his hospital bed—a sweet boy who never hurt anybody, staring out from his anesthetic haze with the eyes of a wild animal, striking the nurse, screaming "Am I alive?" and forcing me to grab his arms...staring right into my eyes and not knowing who I am.

The boy is taken home, but his fear continues. He awakes fitfully..."only to try to vomit and I [the father] go crazy trying to be useful, so I do what you do in the suburban United States—buy your kid a toy so that you'll feel better."

Millions of parents are left feeling helpless, unable to understand the dramatic (or subtle) changes in their children's behavior following a wide range of traumatic events. In Section Four we will discuss how to prevent these reactions from occurring, both in adults and children.

In a real sense all life is inter related.

*All men are caught in an inescapable network of mutuality,
tied in a single garment of destiny.*

Whatever affects one directly affects all indirectly.

*I can never be what I ought to be until you are what you ought to be,
and you can never be what you ought to be until I am what I ought to be.*

»*the inter-related structure of reality.*

—Rev. Martin Luther King, Jr.

Medusa

In this chapter we begin to explore a general approach to mastering trauma. In being able to experience ourselves as sensing human animals we can begin to loosen trauma's grip on us and to transform its powerful energies. We don't confront it directly, however, or we could find ourselves seized in its frightening grip. Like a Chinese finger trap, we must gently slide into trauma and then draw ourselves gradually out.

In the myth of Medusa, anyone who looked directly into her eyes would quickly turn to stone. Such is the case with trauma. If we attempt to confront trauma head on, it will continue to do what it has already done-immobilize us in fear. Before Perseus set out to conquer Medusa, he was warned by Athena not to look directly at the Gorgon. Heeding the goddess's wisdom, he used his shield to reflect Medusa's image; by doing so, he was able to cut off her head. Likewise, the solution to vanquishing trauma comes not through confronting it directly, but by working with its reflection, mirrored in our instinctual responses.

Trauma is so arresting that traumatized people will focus on it compulsively. Unfortunately, the situation that defeated them once will defeat them again and again. Body sensations can serve as a guide to reflect where we are experiencing trauma, and to lead us to our instinctual resources. These resources give us the power to protect ourselves from predators and other hostile forces. Each of us possesses these instinctual resources. Once we learn how to access them we can create our own shields to reflect and heal our traumas.

In dreams, mythical stories, and lore, one universal symbol for the human body and its instinctual nature is the horse. Interestingly enough, when Medusa was slain, two things emerged from her body: Pegasus, the winged horse, and Chrysaor, a warrior with a golden sword. We couldn't find a more appropriate metaphor. The sword symbolizes absolute truth, the mythic hero's ultimate weapon of defense. It conveys a sense of clarity and triumph, of rising to meet extraordinary challenges, and of ultimate resourcefulness. The horse symbolizes instinctual grounding, while wings create an image of movement, soaring, and rising above an earth-bound existence. Since the horse represents instinct and body, the winged horse speaks of transformation through embodiment. Together the

winged horse and the golden sword are auspicious symbols for the resources traumatized people discover in the process of vanquishing their own Medusas.

As we begin the healing process we use what is known as the "felt sense," or internal body sensations. These sensations serve as a portal through which we find the symptoms, or reflections of trauma. In directing our attention to these internal body sensations, rather than attacking the trauma head-on, we can unbind and free the energies that have been held in check.

The Felt Sense

*Our feelings and our bodies are like water
flowing into water. We learn to swim within the
energies of the (body) senses.*

Tarthang Tulku

Just as Perseus used his shield to confront Medusa, so may traumatized people use their shield-equivalent of sensation, or the "felt sense," to master trauma. The felt sense encompasses the clarity, instinctual power, and fluidity necessary to transform trauma. According to Eugene Gendlin, who coined the term "felt sense" in his book *Focusing*.

A felt sense is not a mental experience but a physical one. *Physical*. A bodily awareness of a situation or person or event. An internal aura that encompasses everything you feel and know about the given subject at a given time —encompasses it and communicates it to you all at once rather than detail by detail.

The felt sense is a difficult concept to define with words, as language is a linear process and the felt sense is a non-linear experience. Consequently, dimensions of meaning are lost in the attempt to articulate this experience.

We define an "organism" as a complex structure of interdependent and subordinate elements whose relation and properties are largely determined by their functions in the whole. Therefore, the whole of the organism is greater than the sum of its individual parts. In a similar way, the felt sense unifies a great deal of scattered data and gives it meaning. For example, when we see a beautiful image on television, what we are seeing is a vast array of digitized dots called pixels. If we were to focus on the individual elements (pixels), we would see dots and not the beautiful image. Likewise, in hearing your favorite musical score you do not focus on the individual notes, but rather on the total aural experience. Your experience is much greater than the sum of the individual notes.

The felt sense can be said to be the medium through which we experience the totality of our sensation. In the process of healing trauma, we focus on the individual sensations (like television pixels or melodic notes). When observed both closely and from a distance,

these sensations are simultaneously experienced as foreground and background, creating a gestalt, or integration of experience.

Every event can be experienced both in its duality, as individual parts, and as a unified whole. Those which are perceived in a unified manner through the felt sense can bring revelations about how to undo the trauma. To harness the instincts necessary to heal trauma, we must be able to identify and employ the indicators of trauma that are made available to us through the felt sense.

Exercise

Following is an exercise that will begin to give you a basic, experiential understanding of the felt sense. Wherever you are as you read this, make yourself as comfortable as possible.

Feel the way your body makes contact with the surface that is supporting you.

Sense into your skin and notice the way your clothes feel.

Sense underneath your skin what sensations are there?

Now, gently remembering these sensations, how do you know that you feel comfortable?

What physical sensations contribute to the overall feeling of comfort?

Does becoming more aware of these sensations make you feel more or less comfortable?

Does this change over time?

Sit for a moment and enjoy the felt sense of feeling comfortable.

Good!

Being consciously aware of your body and its sensations makes any experience more intense. It is important to recognize that the experience of comfort comes from your felt sense of comfort and not from the chair, the sofa, or whatever surface you are sitting on. As a visit to any furniture store will soon reveal, you can't know that a chair is comfortable until you sit on it and get a bodily sense of what it feels like.

The felt sense blends together most of the information that forms your experience. Even when you are not consciously aware of it, the felt sense is telling you where you are and how you feel at any given moment. It is relaying the overall experience of the organism, rather than interpreting what is happening from the standpoint of the individual parts. Perhaps the best way to describe the felt sense is to say that it is the experience of being in a living body that understands the nuances of its environment by way of its response[^] to that environment.

In many ways, the felt sense is like a stream moving through an ever-changing landscape. It alters its character in resonance with its surroundings. When the land is rugged and steep, the stream moves with vigor and energy, swirling and bubbling as it crashes over rocks and debris. Out on the plains, the stream meanders so slowly that one might wonder whether it is moving at all. Rains and spring thaw can rapidly increase its volume,

possibly even flood nearby land. In the same way, once the setting has been interpreted and defined by the felt sense, we will blend into whatever conditions we find ourselves. This amazing sense encompasses both the content and climate of our internal and external environments. Like the stream, it shapes itself to fit those environments.

The physical (external) senses of sight, sound, smell, touch, and taste are elements that contribute only a portion of the information that builds the foundation for the felt sense. Other important data are derived from our body's internal awareness (the positions it takes, the tensions it has, the movements it makes, temperature, etc.). The felt sense can be influenced-even changed by our thoughts-yet it's not a thought, it's something we feel. Emotions contribute to the felt sense, but they play a less important role than most people believe. "Categorical" emotions such as sorrow, anger, fear, disgust, and joy are intense and direct. There is a limited variety of these types of feelings and they are easily recognized and named. This is not so with the felt sense.

The felt sense encompasses a complex array of ever-shifting nuances. The feelings we experience are typically much more subtle, complex, and intricate than what we can convey in language. As you read the following phrases, imagine how much more you might feel than is expressed: Looking at a mountain peak bathed in an alpine glow; seeing a blue summer sky dotted with soft white clouds; going to a ball game and dripping mustard on your shirt; feeling the ocean spray as the surf crashes onto rock and cliff; touching an opening rose or a blade of grass topped with a drop of morning dew; listening to a Brahms concerto; watching a group of brightly dressed children singing ethnic folk songs; walking along a country road; or enjoying time with a friend. You can imagine going through a day without emotion, but to live in the absence of the felt sense is not just unthinkable, it is impossible. To live without the felt sense violates the most basic experience of being alive.

The felt sense is sometimes vague, always complex, and ever-changing. It moves, shifts, and transforms constantly. It can vary in intensity and clarity, enabling us to shift our perceptions. It does this by giving us the process as well as what is needed for change. Through the felt sense we are able to move, to acquire new information, to interrelate with one another and, ultimately, to know who we are. It is so integral to our experience of being human that we take it for granted, sometimes to the point of not even realizing that it exists until we deliberately attend to it.

Although I have become much more aware of my own body sensations, I find I need a process to move into the felt sense, as you will see from the following account of a typical day in the life of Peter.

I return home from a busy day of errands in town and immediately reach for the TV remote. Before I push the button I remind myself to stop this habitual distraction and look

inside. At first I am aware of racing thoughts. They are like swarming flies. I let that unpleasant quality permeate my consciousness. The buzzing intensifies and my awareness shifts to a tenseness throughout my body—particularly in my chest. After a while, I begin to notice areas of discomfort and pain—they seem to move around. I notice my thoughts slowing a bit as I take a fuller, easier breath. I see some fleeting images of the day's events. More time passes and I experience a pain building in the back of my head. I feel restless-jittery in my arms and legs. I think about getting up and busying myself. Instead I stay seated. Before long I notice my head wanting to nod forward. This becomes a rhythmic, gentle, rocking motion. I notice a warmth in my hands and, as they begin to tingle mildly, I realize how cold they have been. I sense a slight warmth in my belly, which I attend to as it intensifies and spreads. The telephone starts ringing in rapid sequence—I feel jangled and annoyed. There is a restless sensation in my arms that subsides as I notice birds singing outside the window. The next thing that comes into my awareness is the image of an old friend. I experience a warm feeling as I recognize him. I notice a sensation in my chest of spaciousness. It has a full and round quality. I experience this "felt image" of my friend within that spaciousness. I attach the word "gladness," feeling a calm, soft, pulsing flow into my arms and legs and I am glad (i.e., I have the felt sense of gladness).

Let the Body Speak Its Mind

There are many reasons why we might choose to develop a greater facility with the felt sense. It heightens our enjoyment of sensual experiences. It can be a doorway to spiritual states. Studies (reported by Gendlin in *Focusing*) have shown that therapies employing the felt sense are generally more effective than those that don't. The felt sense helps people feel more natural, more grounded, more at home in their bodies. It can enhance our sense of balance and coordination. It improves memory and provides us deeper access to the subtle instinctual impulses that guide the healing of trauma. It increases creativity. It is from the felt sense that we experience well-being, peace, and connectedness. It is how we experience the "self."

Nowadays the phrase "trust your gut" is used commonly. The felt sense is the means through which you can learn to hear this instinctual voice. Most of us have little experience to help guide us to this awareness. We are used to living in a very disconnected way, a way that hasn't embraced our felt sense. If you are one of these people, contacting the felt sense is probably going to be unfamiliar. Don't be discouraged. It's difficult at first but hang in there; it will come. Western culture does not teach us to experience ourselves in this way. We are taught to read, write, calculate, etc., but rarely

do we come across a school that teaches anything about the felt sense. It never gets mentioned at home, on the street, or anywhere else, for that matter. Most people use this sense every day, but very few of us consciously acknowledge it, and even fewer cultivate it. It is important to remember that the felt sense is a wonderful and very natural human capacity.

Those of us who are traumatized should be aware that learning to work with the felt sense may be challenging. Part of the dynamic of trauma is that it cuts us off from our internal experience as a way of protecting our organisms from sensations and emotions that could be overwhelming. It may take you a while to trust enough to allow a little internal experience to come through. Be patient and keep reminding yourself that you don't need to experience everything now. This hero's journey proceeds one tiny step at a time.

Using the Felt Sense to Listen to the Organism

We want to begin to tap into our instinctual voices. The first step is learning to use the felt sense to listen to that voice. The most helpful attribute in this journey is gentleness. Contacting the instinctual self is powerful stuff. Never try to force it. Take it easy, take it slow. If you feel overwhelmed at any time, you may have overdone it. The next time you come to that curve, slow down. This is definitely one time that you will get there faster by going slower. Sometimes, the felt sense appears slowly; other times you are hit by a flash of understanding and the whole thing becomes clear to you in an instant. The best approach is to maintain an open and curious attitude.

Don't try to interpret, analyze, or explain what is happening; just experience and note it. It is also unnecessary to dredge up memories, emotions, insights, or anything else, for that matter. If they come that's fine, but it is more important to observe them without interpretation or emotional attachment; observe them and let them go. "Take it as it comes" is the best way to learn the language of your felt sense. Information will come to you in the form of words, pictures, insights, and emotions, which invariably will be accompanied by another layer of sensations. These sensations can be elusive yet recognizable when you learn how to pay attention on a very subtle level.

Learning to know yourself through the felt sense is a first step toward healing trauma. Earlier, I described this sense as a stream. As you develop your ability to pay attention to the felt sense, you will see that this is an extremely appropriate analogy. Reactions and responses to the people, objects, and situations you encounter begin to move through your awareness like an ever-changing stream. The exercise that follows is an in-depth version of the earlier exercise using the felt sense. It will help give you a sense of what this

"stream" is like. It will also help you develop your ability to listen to what the organism as a whole has to say.

Exercise

To do this exercise you will need a book or magazine with lots of pictures. Coffee table books, nature or travel magazines, and illustrated calendars work well. You don't want to do anything but look at pictures for this exercise. Reading uses a different part of the brain than the part that senses. In this exercise you want to emphasize direct perception. Before opening the book, sense your arms and legs and notice the sensations where they make contact with the surface that supports you. Next, add any other physical sensations you may be experiencing such as the feel of your clothes, shoes, or hair. Finally, add any other sensations you feel such as tightness, openness, temperature, tingling, shaking, hunger, thirst, sleepiness, etc. Return to the felt sense throughout the exercise to bring your awareness more completely into your body and breath.

Look at the first picture. Notice how you respond to it. Do you like it, feel neutral about it, dislike it? Is it beautiful, calming, strange, mysterious, haunting, joyful, sad, artistic, or something else? Whatever your response is, just notice it. If there are several parts to your response, notice what they are. This is normal. We hardly ever have just one reaction to anything.

*Now ask yourself: **How** do I know that this is my response to this picture? Try to identify the bodily sensations that accompany your viewing of the picture. Some of the sensations may be subtle, others will be stronger. Whatever they are, just notice them. Do you feel "energy" move or suddenly stop? If you feel energy move, how does it move, slowly, fast, in what direction? Is there some kind of rhythm to the sensation? Is it located in any particular part of your body? Does it feel tense, loose, easy, relaxed, tingling, heavy, light, cool, dense, warm, invigorating, or something else? Pay attention to your breathing and your heartbeat. Notice how your skin feels, and how your body feels overall.*

Experiencing any one of these sensations is a beginning point.

Stay with the sensations for a few minutes and see if they change. They may stay the same, disappear, become stronger or weaker, or change to something else. Notice these dynamics. Whatever happens, just notice it. If the sensations become uncomfortable, just shift your attention elsewhere for a moment.

Turn to the next picture and repeat the process. As you become more familiar with this process, you can move through the book or magazine at a speed that is comfortable for you. When first learning to use the felt sense, you may find it is easier to access when you move slowly, focusing mainly on sensing and sensation.

Later on, I introduce exercises that work specifically with the physical and emotional² sensations related to trauma. Since certain emotions become enmeshed with traumatic

symptoms, it is necessary to learn how to explore them. Also, because emotions can be powerful, compelling, dramatic, and intriguing, they present a special challenge for working with the felt sense. Most people find emotions a far more interesting topic of investigation than mere sensations. However, if you want to learn to use the felt sense, and especially if you want to learn to use the felt sense to resolve trauma, you must learn how to recognize the physiological manifestations (sensations) that underlie your emotional reactions. Sensations come from symptoms, and symptoms come from compressed energy; that energy is what we have to work with in this process. Through sensation and the felt sense, this vast energy can gradually be decompressed and harnessed for the purpose of transforming trauma.

Again, remember to be gentle, to take it slow and easy, and don't attach any kind of interpretation or judgment to what you experience. Just let whatever you experience move you through to the next experience. Even though the exercise may seem familiar to you, try to approach it freshly, as though you've never done anything like it before, you will get more out of it.

Exercise

Instead of using a book or magazine for this exercise, you will be using photographs and memorabilia. A family photo album, or a scrapbook containing memorabilia from a trip or an earlier period in your life is perfect. Any pictures should be mostly of people you know fairly well and places you have visited. Again, you don't want to do anything but look at pictures for this exercise.

Begin by sensing your arms and legs and notice what you feel where the limbs make contact with the surface that supports you. Add any other physical sensations you may be experiencing. Doing this every once in a while throughout the exercise will help you bring your awareness more completely into your body.

Turn to the first picture (or the first page, if you are using a scrapbook). Notice how you respond to it. What emotions does it evoke? Do you feel happy, amused, apprehensive, vaguely upset, confused, sad, angry, loving, grateful, embarrassed, hateful, annoyed, disgusted, simply nostalgic, or something else? All of these emotions feel different. They are all experienced differently. Whatever your reaction is, just notice it. If there are several reactions, notice what they are. Is your reaction strong or mild? How do you know that it is strong or mild? If you can answer this question in terms of sensations in your body, you are on your way to being able to use the physiological undercurrent of emotion.

Now, ask yourself: How do I know that this is my emotional reaction to this picture? Try to identify the sensations that underlie your reaction to the picture. Some of the sensations may be strong and others more subtle. Whatever they are, just notice them. Do

you feel any kind of tension or energy? If so, how much of it is there and where is it? Pay attention to your breathing, your heartbeat, and to tension patterns throughout your body. Notice how your skin feels. How does your body feel overall? Does your reaction feel tense, powerful, fuzzy, smooth Jagged, tangled, numb, hot, loose, sticky, relaxed, heavy, light, cool, dense, warm, invigorating, tingling, vibrating, shaking, slimy, solid, or something else? Where is the feeling in your body? If the sensation seems to have some bulk, ask yourself what material it seems to be made out of. If you feel energy move, how does it move-slow, fast, in what direction? Is there some kind of swell to the sensation? Where is it located? Be as specific as you can. How do you know what your reaction is? If you notice that you are using words that are usually thought of as emotions, take each one and ask yourself: How do I know that I feel emotion? Because emotions are based on connections with the past, the picture or memorabilia may bring memories of other events. Just notice the sensations that come with these memories in the same way. Keep reminding yourself to sense and to describe what you sense as sensations, not as emotions or thoughts.

Turn to the next picture and repeat the process. Remember to go slowly enough to be able to notice the sensations that arise in response to the pictures. For each picture or page of your scrapbook, stay with the sensations that are evoked for a few minutes and see if they change. They may stay the same or disappear, but they may also become stronger.

Whatever happens, just notice it.

If the feelings or sensations become too intense or unpleasant, deliberately shift your attention to a pleasant experience that you have had, or that you can imagine having. ⁷⁴

Focus all your awareness on the bodily felt sensations of that experience instead. Shifting your attention to the other sensations will help the intensity of the uncomfortable feeling to subside. Remember that unresolved trauma can be a powerful force. If you continue to feel overwhelmed by the exercises or any of the material in the book, please stop for now, try again later, or, enlist the support of a trained professional.

If an image of a horrifying scene shows up in your mind's eye, ever so gently notice what sensations come with it. Sometimes, when sensations are intense, images come first. The sensation is ultimately what will help you move through the trauma-whatever it is. You may end up knowing what it is and you may not. For now, just be reassured that as you move through your reactions, the need to know whether it was real or not will loosen its grip. If there is an objective need to know whether it is true, such as to protect a child who may be at risk, you will be in a better position to handle the situation effectively.

Be aware that the energies of trauma can be bound up in *beliefs* about being raped or abused. By challenging these beliefs, especially if they aren't true, some of that energy may be released. If this is the case for you, rest and give yourself plenty of time to

process this new information. Stay with the sensations you experience as much as possible, and don't be alarmed if you feel tremulous or weak. Both are evidence that normal discharge is happening. Don't force yourself to do more than you can handle. If you feel tired, take a nap or go to bed early. Part of the grace of the nervous system is that it is constantly self-regulating. What you can't process today will be available to be processed some other time when you are stronger, more resourceful, and better able to do it.

There are both physiological and psychological elements of the felt sense. I've outlined some of their key differences in the following two subsections. The first subsection focuses on how the organism communicates through its physiology; the second focuses on some of the psychological conventions and customs from which the organism operates. Ideally, these discussions will help you strengthen your ability to use the felt sense in the land of physiology and sensation.

How the Organism Communicates

The organism has its own way of communicating, which you'll learn more about as you continue to read this book. A couple of very important characteristics of how it communicates will already be evident from the exercises above. Think back to the last exercise. Did you notice that when you described sensations, you used words that referred to physiological sensations that were familiar to you? If you have never felt something that is fuzzy, you won't know what fuzzy is and the organism wouldn't use fuzzy to describe a sensation. The organism uses what it already knows to describe what it is experiencing. Don't take it literally. A sensation can feel like it is fuzzy, jagged, made of glass, wood, or plastic. Obviously, "feel like" is a key part of the description. There isn't anything inside you that is really fuzzy or jagged. You don't have pieces of wood, glass, or plastic inside you, unless you have suffered some very poorly executed surgical procedures. The sensations just feel like these things. They are metaphors. Sensations, however, can also be literal and correspond with information received from organs, bones, and muscles.

The organism doesn't just use characteristics of physical objects to communicate. It also uses images that can easily be construed as memories. The energetic forces that result in trauma are immensely powerful. The emotions that are generated by trauma include rage, terror, and helplessness. If your body elects to communicate the presence of such energies to you through images, consider the kinds of images you might see. The possibilities are endless. They will have one thing in common—they won't be pretty. One mistake that is made all too often is that people interpret these visual communications as reality. A

traumatized individual may end up believing that he or she was raped or tortured when the actual message the organism is trying to convey is that this sensation you are experiencing *feels* like rape or torture. The actual culprit could just as easily have been a terrifying medical procedure, an automobile accident, or even childhood neglect. It could literally be anything.

Of course, some images really are memories. People who have suffered from rape or torture will draw on those experiences in producing images. It is common for children who have had these experiences not to remember them until years later. Even if the images are "true" memories, we have to understand their role in healing. The⁷⁶ explanations, beliefs, and interpretations connected with memories can get in the way of completely entering and deepening the felt sense. The sensations that accompany these images are immensely valuable. For our purposes, what matters most is how the sensations feel and how they change.

Sensation and the Felt Sense

When working with physiology, the first thing to recognize is that the felt sense is closely related to awareness. Its like watching the scenery, or in this case, sensing the scenery. Awareness means experiencing what is present without trying to change or interpret it. Anytime you catch yourself saying or thinking, "this means," you are attaching an interpretation to your experience that will take you out of simple awareness and back into the realm of psychology. Meaning does have a place in healing trauma as a consequence of direct awareness. For now, it is more important to focus on what you experience rather than on what you think about it. I'll say more about the importance of meaning in healing trauma later.

Sensations are the physical phenomena that contribute to our overall experience. Pick up an ice cube, for instance. Some of the sensations that contribute to how an ice cube feels include: cold, smooth, hard, and cube-shaped. All of these are important in creating a complete understanding of the ice cube. The same is true of internal sensations. When you are first starting out, it is especially important to check and double-check that you have brought every characteristic of a particular sensation into your awareness by consciously making note of it. You can miss some characteristics of a sensation because you take them for granted, because you aren't letting the whole sensation into your awareness, or because the characteristic in question is subtle or elusive.

An ice cube straight from the freezer can be sticky, as well as cold, hard, smooth, and cube-shaped. After a short while, it will be wet instead of sticky. First sticky, then wet helps complete the picture of the cold, hard, smooth, cube-shaped thing. Apply the

analogy to an internal experience and, like the ice cube, it will change as you hold it for a while. Once you become aware of them, internal sensations almost always transform into something else. Any change of this sort is usually moving in the direction of a free-flow of energy and vitality.

Rhythm: All Gods Children Got It

n

You can't push the river.

Unknown

Sensations occur in infinite variety. This is one of the reasons that simple awareness is so important. Receptivity will help you notice the nuances in your sensations much more easily. In the land of physiology, subtle sensations and rhythms are just as important as blatantly obvious ones.

The last characteristic of the felt sense that I'd like to mention has to do with the importance of rhythm. Physiological phenomena occur in cycles. These biological rhythms are fundamentally important in the transformation of trauma. It may be difficult at first to have the patience to allow them to come into consciousness. Their pace is much slower than the pace at which most of us live our lives. This is one of the reasons that trauma develops in the first place; we don't give our natural biological rhythms the time they need to reach completion. In most cases, the cycles I'm talking about will run their course in a few minutes at most, but those few minutes are essential. The primary place you will notice these rhythms is in the ebb and flow of your sensations. A sensation will transform into something else (another sensation, image, or a feeling) as you notice all its characteristics and will do so at its own pace-you can't push the river. Becoming attuned to these rhythms and honoring them is part of this process.

You now have the basics for using the felt sense. Think of it as a tool that can help you get to know yourself as a complex, biological and spiritual organism. The felt sense is simple and elegant. Yet, it is billions of times more sophisticated than the most powerful computers. It consists of awareness, sensation, subtlety, variety, and rhythm. If you are beginning to catch on to both its primitive and refined elements, you are right on track.

I contend that the uniqueness of man cannot be seen in all its imposing grandeur unless it is set off against the background

of those ancient historical characteristics which man still shares with animal life today.

— Konrad Lorenz

The lively world of our emotions, fears and responses is like a great forest with its fauna. We experience those feelings as though they were wild animals bolting through the foliage of our thick being, timidly peering out in alarm or slyly slinking and cunningly stalking, linking us to our unknown selves...

—Paul Shepard

slam the window shut for no apparent reason. **Then** she saw—that is, became consciously aware of the snake rising out of the grass outside the van, a few feet from her son's face. The mother's response preceded her conscious awareness of the snake. A delay could have had deadly consequences. The instinctive brain will often orient, organize, and respond to the stimuli well before we are consciously aware of them.

Flee, Fight... or Freeze

As Grant watched, a single forearm reached up very slowly to part the ferns beside the animal's face. The limb, Grant saw, was strongly muscled. The hand had three grasping fingers, each ending in curved claws. The hand gently, slowly, pushed aside the ferns. Grant felt a chill and thought, He's hunting us. For a mammal like man, there is something indescribably alien about the way reptiles hunted their prey. No wonder men hated reptiles. The stillness, the coolness, the pace was all wrong. To be among alligators or the larger reptiles was to be reminded of a different kind of life, a different kind of world...

—Michael Crichton, *Jurassic Park*

Certain species have developed mechanisms that are especially well suited to keeping them safe. To avoid detection and attack the zebra uses camouflage; the turtle hides; moles burrow; dogs, wolves, and coyotes roll over in a submissive posture. The behaviors of fighting, fleeing, and freezing are so primitive that they predate even the reptilian brain. These survival tools are found in all species, from spiders and cockroaches to primates and human beings.

Universal and primitive defensive behaviors are called the "fight or flight" strategies. If the situation calls for aggression, a threatened creature will fight. If the threatened animal is likely to lose the fight, it will run if it can. These choices aren't thought out; they are instinctually orchestrated by the reptilian and limbic brains.

When neither fight nor flight will ensure the animal's safety, there is another line of defense: immobility (freezing), which is just as universal and basic to survival. For inexplicable reasons, this defense strategy is rarely given equal billing in texts on biology and psychology. Yet, it is an equally viable survival strategy in threatening situations. In many situations, it is the best choice.

On the biological level, success doesn't mean winning, it means surviving, and it doesn't really matter how you get there. The object is to stay alive until the danger is past and deal with the consequences later. Nature places no value judgment about which is the superior strategy. If the coyote leaves the seemingly dead opossum alone, it will recover

from its immobility and walk off unconcerned about whether it could have responded in a better way. Animals do not view freezing as a sign of inadequacy or weakness, nor should we.

The purpose of running or fighting to escape danger is obvious. The efficacy of the immobility response is less apparent, yet it is equally important as a survival mechanism. Ultimately, only nature determines which instinctual responses will enhance the overall likelihood of survival for a species. No animal, not even the human, has conscious control over whether or not it freezes in response to threat. When an animal perceives that it is trapped and can't escape by running or fighting, freezing offers several advantages.

First, many predatory animals will not kill and eat an immobile animal unless they are very hungry. Immobility is an imitation of death that misleads the predator into sensing that the meat may be bad. Through this deceptive act, the prey animal has a chance to escape.

Second, predatory animals have greater difficulty detecting potential prey that are not moving. This is especially true when the prey animals coloring or appearance serves as camouflage. Some animals can only register their prey when its moving. The frog or lizard, for example, cannot detect an insect in the grass until the insect moves. In addition, many predators are not stimulated to attack a motionless prey; an inert body often doesn't evoke aggression.

Third, if a predator comes upon a group of prey animals, the collapse of an individual can distract the predator momentarily, allowing the rest of the herd to escape.

Fourth, in a world where all animals are located somewhere in the food chain and may be either predator or prey, nature provides an analgesic mechanism for minimizing the pain suffered at death.

The Return to Normal Activity

I have emphasized the immobility or freezing response because it often leads to human trauma. Animals generally suffer no such consequence from "playing" whatever their version of "possum" is. If we observe them carefully we can see how they accomplish this.

A herd of deer grazes in a forest clearing. A twig snaps. Instantly, the deer are alert ready to flee into the forest. If cornered they may fight. Each animal becomes still. Muscles tensed, they listen and sniff the air (orientation), attempting to pinpoint the source of the sound. Deeming it insignificant, they return to leisurely chewing on their afternoon repast, cleaning and nurturing their young, and warming themselves in the morning sun. Another stimulus sends the animals back into the state of alertness and extreme vigilance

(hypervigilance), once again ready to flee or fight. Seconds later, having found no actual threat, the deer again resume their former activity.

By watching the deer carefully through binoculars, one can witness the transition from the state of activated vigilance to one of normal, relaxed activity. When the animals determine that they are not in danger, they often begin to vibrate, twitch, and lightly tremble. This process begins with a very slight twitching or vibration in the upper part of the neck around the ears and spreads down into the chest, shoulders, and then finally down into the abdomen, pelvis, and hind legs. These little tremblings of muscular tissue are the organism's way of regulating extremely different states of nervous system activation. The deer move through this rhythmic cycle dozens, perhaps hundreds of times a day. This cycle occurs each time they are activated. The animals move easily and rhythmically between states of relaxed alertness and tensed hypervigilance.

Animals as Teachers

Animals in the wild provide us with a standard for health and vigor, as well as give us insight into the biological healing process. They offer us a precious glimpse of how we might function if our responses were purely instinctual. Animals are our teachers, exemplifying nature in balance.

One of the difficulties in treating trauma has been the undue focus on the content of an event that has engendered trauma. Trauma sufferers tend to identify themselves as survivors, rather than as animals with an instinctual power to heal. The animal's ability to re-bound from threat can serve as a model for humans. It gives us a direction that may point the way to our own innate healing abilities. We must pay attention to our animal nature to find the instinctive strategies needed to release us from trauma's debilitating effects.

15. The Eleventh Hour: Transforming Societal Trauma

Technology and rapid population growth are bringing us into a world where time and distance do little to separate us. At the same time, we face serious threats to ourselves and our planet. We live with war, terrorism, the possibility of annihilation from "super weapons", a growing split between haves and have-nots, and environmental destruction. Citizens in our inner cities randomly destroy property and life as the effects of years of accumulated stress, trauma, hostility, and economic oppression combust. The rich swallow up each other's companies in primitive, ritualistic feeding frenzies. The outlook becomes even more grim when we consider the frightening potential for violence in a soon-to-be mature generation of children born with drug addictions.

As the world population increases and our communities become more interconnected, it becomes imperative that we learn to live and work together in harmony. We have problems that will destroy us if we cannot work together effectively to solve them. Yet, rather than negotiate economic, ethnic, and geographical issues, individuals and communities seem bent on destroying one another. It is to these issues that the causes of war are often ascribed. But are they the root causes? Our survival as a species and the survival of this planet may lie in our ability to answer this question.

The roots of war run deep. Any truly honest person will acknowledge that we all have the capacity for both violence and love. Both are equally basic aspects of the human experience. What may be even more significant in understanding the roots of war is the human vulnerability to traumatization. We should not forget that it was in the frightening symptoms manifested by some of the soldiers who returned from combat that the effects of trauma were first recognized. As we discussed in the last chapter, trauma creates a compelling drive for re-enactment when we are unaware of its impact upon us.

What if entire communities of people are driven into mass re-enactments by experiences such as war? In the face of such mass mindless compulsion, a "New World Order" would become a meaningless polemic. Lasting peace among warring peoples cannot be accomplished without first healing the traumas of previous terrorism, violence, and horror on a mass scale. Does the drive for re-enactment propel societies who have a history of waging war on one another into confrontation after confrontation? Consider the evidence and decide for yourself.

The Animal Approach to Aggression

Most animals in the course of feeding or mating exhibit aggressive behaviors. Thanks to National Geographic and other programs about wildlife, these behaviors are well known to us. Animals routinely kill and eat members of *other* species. When it comes to members of their own species, Nature seems to have drawn a line that animals rarely cross. There are some exceptions, but generally speaking, members of the same species rarely kill or even seriously injure one another. In spite of the strong evolutionary imperative that drives animal aggression, most wild creatures have taboos about killing their own kind.

Within species, there have evolved ritualized behaviors that usually prevent mortal injury. Animals of the same species exhibit these behaviors both for the act of aggression itself as well as to signal that the confrontation is over. For instance, when male deer confront one another, they use their antlers to "lock heads." The purpose of the encounter is not to kill the other deer but rather to establish dominance. The ensuing struggle is clearly more like a wrestling match than a duel to the death. When one of the deer establishes its superiority, the other leaves the area and the matter is finished. If, on the other hand, the deer is attacked by a member of another species such as a mountain lion, it will use those antlers to gore its attacker.

Similarly, when fighting with members of their own species, most dogs and wolves bite to wound, not to kill. In other species a display of color, plumage, dance, or threatening behavior determines which aggressor will emerge the victor. Even animals that have evolved a particularly lethal means of defending themselves typically do not use this advantage against members of their own species. Piranhas fight one another by lashing out with their tails; rattlesnakes butt heads until one of them collapses.

Ritualistic behaviors also frequently signal the close of an aggressive encounter between members of the same species. A confrontation between two animals typically ends with some form of submissive posturing (e.g., when a weaker animal rolls onto its back and makes itself completely vulnerable by exposing its belly to the victor). Within species[^], these gestures, like the various forms of ritualized combat, are universally recognized and respected. This is remarkable in light of the fact that members of the same species share identical requirements for food, shelter, and mating. Nonetheless, there is a clear evolutionary advantage. In helping to define orderly social and reproductive hierarchies, these behaviors promote the overall well-being of the group as well as enhance the ultimate survival of the species.

Human Aggression

In the days of the hunter-gatherer, fighting was apparently limited by the same sorts of inhibiting behaviors that work effectively for animal species. Obviously this is not the case for modern "civilized" humans. Being human, we recognize the evolutionary prohibition against killing members of the same species in the same way that animals do. Generally, there are rules or laws that exact some form of punishment for killing a member of one's own community, but these laws don't apply to the killing that takes place in war.

When we look more closely at the anthropology of human warfare, we do not find killing and maiming the enemy to be a universal objective. Among some groups, at least, we find evidence of a reticence to engage in violence and brutality on a large scale. Some peoples use ritualistic behaviors quite reminiscent of the animal manner of dealing with aggression. Among Eskimo cultures, aggression between tribes or neighboring communities is unheard of. Within these communities, conflict between opponents may be settled by wrestling, cuffing ears, or butting heads. Eskimos are also known to settle conflicts through singing duels in which songs are composed to fit the occasion and the winner is determined by an audience. Some "primitive" cultures terminate their skirmishes when one of the tribal members is injured or killed.

These are a few examples of human ritual behavior whose purpose is to maintain the taboo against killing within the species. At the biological level, we find a creature more easily distinguished from other animals by its intelligence rather than by its teeth, venom, claws, or strength. Is intelligence an attribute intended to be used in service of torture, rape, death, and violence? If you listen to the news, it might lead you to think so. 170

Why Do Humans Kill, Maim, and Torture One Another?

Even when competing for their most basic resources-food and territory-animals typically do not kill members of their own species. Why do we? What has happened to propagate large-scale killing and violence as human populations increase in number and complexity? While there are many theories of war, there is one root cause that seems not to have been widely acknowledged.

Trauma is among the most important root causes for the form modern warfare has taken. The perpetuation, escalation, and violence of war can be attributed in part to post-traumatic stress. Our past encounters with one another have generated a legacy of fear, separation, prejudice, and hostility. This legacy is a legacy of trauma fundamentally no different from that experienced by individuals except in its scale.

Traumatic re-enactment is one of the strongest and most enduring reactions that occurs in the wake of trauma. Once we are traumatized, it is almost certain that we will continue to repeat or re-enact parts of the experience in some way. We will be drawn over and over again into situations that are reminiscent of the original trauma. When people are traumatized by war, the implications are staggering.

Let's review what we know about trauma. When people are traumatized, our internal systems remain aroused. We become hypervigilant but are unable to locate the source of this pervasive threat. This situation causes fear and reactivity to escalate, amplifying the need to identify the source of the threat. The result: we become likely candidates for re-enactment in search of an enemy.

Imagine now an entire population of people with a similar post-traumatic history. Now, imagine two such populations located in the same geographical region, perhaps with different languages, colors, religions, or ethnic traditions. The consequences are inevitable. The disturbing arousal with its ongoing perception of danger is now "explained." The threat has been located: it is them. They are enemy. The urge to kill, maim, and mutilate escalates these two "neighbors" seem compelled to slaughter each other. They destroy each other's homes, hopes, and dreams. By doing so, they kill their own futures.

While war is complex and can hardly be attributed to a single cause, nations living in close proximity do have a disturbing tendency to make war on one another. This is the pattern that has played and replayed innumerable times in recorded history. Trauma has a frightening potential to be re-enacted in the form of violence.

The Serbs, Moslems, and Croats have been repeating their violence as virtual instant replays of World Wars One and Two, and perhaps as far back as the Ottoman Empire. Middle Eastern nations can trace their replays to Biblical times. In places where actual wars do not repeat with the kind of ferocity and brutality that is seen regularly around the globe, other forms of violence prevail. Murder, poverty, homelessness, child abuse, racial and religious hatred and persecution are all related to war. There is no avoiding the traumatic aftermath of war; it reaches into every segment of a society.

Circle of Trauma, Circle of Grace

Healthy babies are born with a complex array of behaviors, feelings, and perceptions. These elements are designed to facilitate exploration and bonding and eventually healthy social behaviors. When infants are born into a life of stress and trauma, these life-promoting behaviors are interfered with. Instead of exploration and bonding, these babies are inhibited and exhibit fearful and withdrawn behaviors. As young children and adults,

they will be less social and more inclined to violence. Healthy exploration and bonding seem to be antidotes that mitigate against violence and disorder.

Transforming Cultural Trauma

Just as the effects of individual trauma can be transformed, the aftereffects of war on a societal level can

also be resolved. People can and must come together with a willingness to share rather than to fight, to transform trauma rather than to propagate it. A place to begin is with our children. They can provide the bridge that enables all of us to experience closeness and bonding with those we may formerly have regarded with animosity.

Several years ago, Dr. James Prescott (then with the National Institute of Mental Health), presented important anthropological research on the effect of infant and child-rearing practices on violent behavior in aboriginal societies[^]. He reported that the societies that practiced close physical bonding and the use of stimulating rhythmical movement had a low incidence of violence. Societies with diminished or punitive physical contact with their children showed clear tendencies toward violence in the forms of war, rape, and torture.

The work of Dr. Prescott (and others), points to something we all know intuitively: that the time around birth and infancy is a critical period. Children assimilate the ways that their parents relate to each other and the world at a very young age. When parents have been traumatized, they have difficulty teaching their young a sense of basic trust. Without this sense of trust as a resource, children are more vulnerable to trauma. One solution to breaking the cycle of trauma is to involve infants and mothers in an experience that generates trust and bonding before the child has completely absorbed the parents' distrust of themselves and others.

In Norway, exciting work is now being done in this area. My colleague, Eldbjorg Wedaa, and I are using what we know about this critical period of infancy. This approach allows an entire group of people to begin transforming the traumatic remnants of previous encounters. This method requires a room, a few simple musical instruments, and blankets that are strong enough to hold a baby's weight.

The process works as follows: a group composed of mothers and infants from opposing factions (religious, racial, political, etc.) is brought together at a home or a community center. The encounter begins with this mixed group of mothers and infants taking turns teaching one another simple folk songs from their respective cultures. Holding their babies, the mothers rock and dance while they sing the songs to their children. A facilitator uses simple instruments to enhance the rhythm in the songs. The movement,

rhythm, and singing strengthen the neurological patterns that produce peaceful alertness and receptivity. As a result, the hostility produced by generations of strife begins to soften.

At first, the children are perplexed by these goings-on, but soon they become more interested and involved. They are enthusiastic about the rattles, drums, and tambourines that the facilitator passes to them. Characteristically, without rhythmical stimulation, children of this age will do little more than try to fit objects such as these into their mouths. Here, however, the children will join in generating the rhythm with great delight, often squealing and cooing with glee.

Because infants are highly developed organisms at birth, they send signals that activate their mother's deepest sense of serenity, responsiveness, and biological competence. In this healthy relationship, the mothers and their young feed off each other in an exchange of mutually gratifying physiological responses, which in turn generate feelings of security and pleasure. It is here that the cycle of traumatic damage begins to transform.

The transformation continues as the mothers place their babies on the floor and allow them to explore. Like luminous magnets, the babies joyfully move toward each other, overcoming barriers of shyness as the mothers quietly support their exploration by forming a circle around them. The sense of mutual connection that is generated by this small adventure is difficult to describe or imagine it must be witnessed.

The large group then breaks up into smaller groups, each consisting of a mother and infant from each culture. The two mothers swing their infants gently in a blanket. These babies aren't just happy, they are completely "blissed out". They generate a roomful of love that is so contagious that soon the mothers (and fathers when culturally appropriate) are smiling at each other and enjoying an experience of deep bonding with members of a community that earlier they feared and distrusted. The mothers leave with renewed hearts and spirits and are eager to share this feeling with others. The process is almost self-replicating.

The beauty of this approach to community healing lies in its simplicity and its effectiveness. An outside facilitator begins the process by leading the first group. After that, some of the mothers who have participated can be trained as facilitators for other groups. The primary attributes required by a facilitator are an acute sensitivity to timing and to interpersonal boundaries. It is our experience that for certain individuals, these are skills that can be easily learned through a combination of participatory experience and explanation. Once trained, the mothers become ambassadors of peace within their own communities.

"Give me a place to put my lever," exclaimed Archimedes, "and I will move the world." In a world of conflict, destruction, and trauma, we find one such fulcrum in the close

physical, rhythmic pulsation between mother and infant. Experiences such as the one just described can bring people together so that they can again begin to live in harmony?⁴ Trauma's impact is different for each of us. We must all be willing to accept the responsibility for our own healing. If we continue to wage war on each other, the healing most of us yearn for will be no more than a dream.

Nations living near each other can break the generational cycle of destruction, violence, and repeated trauma that holds them hostage. By using the human organism's capacity to register peaceful aliveness, even in the web of traumatic defensiveness, we can all begin to make our communities safe for ourselves and our children. Once we establish safe communities, we can begin the process of healing ourselves and our world.

Epilogue or Epitaph?

An Armenian villager laments, "It will be a hundred years before I can talk to my neighbor again." In America's inner cities, pressures rise to the brink of destructive chaos and then crash into it. In Northern Ireland, people separated only by clotheslines and different religions watch their children waging war on each other rather than playing together.

Untraumatized humans prefer to live in harmony if they can. Yet traumatic residue creates a belief that we are unable to surmount our hostility, and that misunderstandings will always keep us apart. The experience of bonding described earlier is only one example of the many concepts and practices that could be used to address this most serious dilemma. As time and money become available, we can develop other ways to bring pregnant women, older children, and fathers into the circle of peaceful co-existence. These approaches are not panaceas, but they are a place to begin. They offer hope where political solutions alone have not worked. The holocaust, conflicts in Iraq and Yugoslavia, the riots in Detroit, Los Angeles, and other cities all of these encounters have been traumatic for the world community. They portray, too graphically, the price we will pay as a society if we leave the cycle of trauma intact. We must be passionate in our search for effective avenues of resolution. The survival of our species may depend on it.

Nature Is No Fool

Trauma cannot be ignored. It is an inherent part of the primitive biology that brought us here. The only way we will be able to release ourselves, individually and collectively, from re-enacting our traumatic legacies is by transforming them through renegotiation?⁵

Whether we choose to transform these legacies through group experiences, shamanic practices, or individually, it must be done.

TV. First Aid

16. Administering (Emotional) First Aid After an Accident

This chapter provides a step-by-step procedure for working with an adult. Here is a basic example of what happens at the time of an accident and how you can help prevent long-term trauma from developing. Always use your own best judgment to assess the particular circumstances you may be dealing with. What is given here are simply some guidelines.

Phase I: Immediate Action (at the scene of the accident)

If life-saving medical procedures are required, of course that must take precedence.

- Keep the person warm, lying down, and still unless, of course, they face further danger remaining where they are.
- Don't let them jump up, which they may be tempted to do. The feeling of having to do something, to act in some way, can override the essential need for stillness and the discharge of energy. They may want to deny the magnitude of the accident and might act like they are fine.
- Stay with the injured person.
- Assure them that you will stay with them, that help is on the way (if it seems to be the case). They have been injured, but they are going to be OK. (obviously you need to use your judgment here-you may not want to say this if they are seriously injured.)
- Keep them warm, e.g., covered with a light blanket.

- If the accident is not too serious, encourage the person to experience their bodily sensations, which may include: "adrenaline rush", numbness, shaking and trembling, feeling hot or chilled.
- Stay present so you can help the person discharge.
- Let them know it is not only OK that they shake, but it is good and will help them release the shock. They will get a sense of relief after the shaking is completed and may feel warmth in their hands and feet. Their breathing should be fuller and easier.
- This initial phase could easily take 15-20 minutes.
- When help does arrive, continue to stay with the injured person if possible.
- If necessary, get someone to help you process the event.

Phase II: Once the Person is Moved Home or to the Hospital

Continue to keep them quiet and resting until they are out of the acute shock reaction. 176

- Injured people should always take a day or two off work to allow themselves to re-integrate. This is important even if they perceive the injury doesn't justify staying home. (This resistance can be a common denial mechanism and defense from feelings of helplessness.) Common injuries, such as whiplash, will compound and require *much* longer healing times if this initial recovery phase is bypassed. A day or two of rest is good insurance.
- In this secondary phase, the accident survivor is likely to begin to have emotions come up. Allow the emotions to be felt without judgment. They might include: anger, fear, grief, guilt, anxiety.
- The injured person may continue to have bodily sensations like shaking, chills, etc. This is still fine.

Phase III: Beginning to Access and Renegotiate the Trauma

This phase often coincides with Phase II and is essential for accessing the stored energy of trauma so that it can be fully released.

Akhter Ahsen has studied the details of what happens to a person before, during, and after a traumatic event. It is important to help people recall the peripheral images, feelings, and sensations they experienced, not just those directly related to the event.

- Throughout any of these phases, be aware that as people talk about their experiences they may become activated or agitated. Their breathing may change and become more rapid. Their heart rate might increase, or they might break into a

sweat. If this happens stop talking about the experience and focus on what *sensations* they are having in their body, such as "I have a pain in my neck," or "I feel sick to my stomach."

- If you are not sure, ask them what they are feeling.
- When the people appear calmed and relaxed, move into a more detailed account of the experience and the sensations. They may notice some slight shaking and trembling. Assure them that this is natural. Point out that the activation response is decreasing and that you are working slowly to bring the energy up and discharge it. This process is known as titration (taking one small step at a time).
- Following are examples of what might be experienced in each part of this process and the order in which to move through the steps.

Before the Event Occurred:

- Action-I left the house and got in the car.
- Sensations-I can feel my arms turning the wheel and my head turning to look behind me.
- Feelings-I am feeling upset.
- Image-I am driving down the highway and I notice an exit.
- Thought-I could have taken it, but I didn't. (Encourage the person to make the turn, or take that exit. It will help them reorganize the experience and release the trauma, even though the accident did occur).

Allow time for the body discharge to occur.

After the Event:

Now, move into the details of what happened after the event.

- Image or Recollection -I am in the emergency room. The doctors are talking about me, saying, "This guy's a mess-not another one."
- Feeling-I feel guilty.
- Thought-If I had been paying attention, I could have avoided it.
- If people become activated, return to the present by focusing on bodily sensations until the energy is discharged. After this occurs, you can gently lead them back to the details of what happened. As I mentioned before, after the trembling and discharge occur, the person will have a sense of relief, warmth in the extremities, and the ability to breathe more fully.

Just Before the Event:

Once you have successfully moved through the details before and after the accident, go to the feelings, sensations, and images related to the first recognition of impending peril. It might look something like this:

- Image -I remember seeing a yellow fender coming very close to the left side of the car. I could also see that there was a stop sign, but that the car hadn't stopped.
- Feeling-I was angry that the driver wasn't paying attention.
- Sensation-I felt my back tense as I gripped the steering wheel.
- Thought-There may be a sudden recognition, "Oh my God, it's going to happen... I'm going to die!"

You may notice that as the discharge occurs, images of the event may change.

Phase IV: Experiencing the Moment of Impact

As people re-access the moment of impact, they may hear glass shattering, the sounds of metal, or see their bodies twisting or being thrown. Explore anything (and everything) that is there through the felt sense. As reactions come up, the body may spontaneously (usually slightly) begin to move. Allow fifteen to twenty minutes for the movements to complete, facilitating the discharge of energy by focusing on the sensations in the body. After the discharge, people experience a sense of relief, usually followed by feelings of warmth in the extremities.

People may feel their bodies going rapidly in two directions, e.g., "As I was hurled into the windshield I felt my back muscles tense and pull me in the opposite direction." Reassure them that they are OK and allow them to sequence through the movements *slowly*. Some people may now re-experience a few of the more acute shock reactions such as shaking and trembling. Be supportive and acknowledge that they are making progress. People may also experience themselves avoiding the accident completely. Or, they may jump around between the different phases outlined here. This is fine as long as they aren't entirely avoiding certain aspects, particularly the moment of impact.

It is important to stay with this phase until you can conclude at a point where the people feel a full sense of relief. Their breathing will become easier and their heart rate more steady. Achieving this goal could take as long as an hour. You can pick up where you left off and continue the process over a period of two to three days if needed. This is preferable to pushing too hard to complete it in one session. You may need to bring them back, gradually, to incomplete areas a few times to allow for full completion.

To End

After reaching the point where all phases have been satisfactorily completed, describe the entire experience again and look for activation. If the person is feeling discomfort, something may have been missed, or it may be resolved with this final review of the whole process. Suspend work unless symptoms continue or develop later. If so, review any necessary steps.

Feelings or remembrances of other experiences may also begin to come up. If this is the case, you can begin the same process we have just gone through to handle other unresolved or unrelated trauma. However, this process can take place much more slowly and over a longer period of time. If someone has a pattern or tendency for accidents, this can help prevent future incidents by reestablishing the person's innate resiliency and capacity to orient and respond.

Scenario of Healing Following an Accident

I was driving aking when a car, having failed to heed the stop sign, suddenly entered the road from an intersecting side street. The other driver didn't see tne in time and crashed into the left side of my car. I also didn't see him until the last minute and couldn't respond lo avoid the accident. I sat in the car for a moment, stunned. Realizing that! was OK. I got out of the car lo assess the damage. Although the car was pretty badly crunched. I was not overly upset about it, because the guy had insurance and the police report would show that he was at fault. I also noticed rnyseir thinking that I wanted to get the car repainted anyway. I felt pretty good, almost euphoric. I was pleased at how easily I moved from the accident intD a difficult business meeting later that day. I was prepared far the meeting and handled it quite well. The next day I began to feel agitated. There was a stiffness in my neck, right shoulder, and artn that surprised me, since I had been hit on the left side.

Looking back at what happened earlier the day of the accident (periphery of the event), and working through the event with his friend Tom, Joe (we will call the man who had the accident Joe) remembered getting into his car to go to work and being mad at his wife. As he recalls this, he becomes aware that his jaw is clenched and trembling. His body begins to shake and feels like it is going out of control. His friend Tom reassures him it's going to be OK. Once Joe stops shaking and feels some relief, they go on to explore more of the details prior to the accident.

Joe remembers backing out of the driveway and turning his head to the right to see where he is going. He feels his arms turning the wheel, and at the same time he notices that as a result of being angry, he is accelerating too hard. His right leg tenses as he moves his foot to the brake to slow down (he senses this action in the muscles of his legs). Encouraged by his friend Tom, Joe takes time to feel the tensing and relaxing that is happening in his right leg. As he moves from gas to brake and back again, he feels some trembling in his legs.

Then Joe remembers driving down the street and feeling that he wanted to go back to talk to his wife. With Tom's encouragement, he imagines himself turning to go back and gets a pain in his right arm that is intensifying. As they focus on that sensation, the pain begins to subside. They focus on Joe's desire to turn around. This time Joe is able to complete the turn in his body and mind and imagines returning home to resolve things with h\$\$°

wife. He tells her that he felt hurt at the party the night before, because she seemed to be ignoring him. She tells him that she just wanted to feel that she could mingle and move about without having to be dependent on him. She explains that it wasn't anything personal and that she feels quite good about their relationship. Joe feels relieved and has a sense that he has come to a deeper understanding and appreciation of his wife. He also wonders whether or not he would have seen the oncoming car if he had resolved the issues with his wife before getting in the car. At this point, Joe feels relieved. He has some guilt for his part in the accident, even though the other person was clearly at fault for running the stop sign.

Tom then asks Joe to describe the details of the road just before he had the accident, even though Joe claims he doesn't remember what happened. As Joe begins to describe what he can recall, he feels both shoulders tighten and go up. He has a sensation of his body pulling away to the right, followed by the image of a flickering shadow. Tom asks his friend to look at the shadow, and as he does Joe begins to see the yellow color of a car (orienting response). As Joe tries to bring more detail to that image he realizes that he saw a front fender, and then the driver's face through the windshield of the car. Joe can tell from the look on his face that he is oblivious to the fact that he has just run a stop sign—the man seems to be lost in thought. Tom asks Joe what he is feeling and he says that he is really angry at the guy and wants to destroy him. Tom encourages Joe to imagine that he is destroying the other car. Joe sees himself getting a big hammer and smashing the other car to smithereens. He is now experiencing increased activation (more than he has before). His hands are trembling and shaking and have turned cold. Tom uses soothing words to support Joe through the process of releasing the energy. After some time, Joe begins to feel his breathing regulate, the tension in his shoulders and jaw relaxes, and the trembling settles. He has a sense of relief and warmth in his hands now. He feels relaxed and alert at the same time.

Joe now notices his shoulders pulling up and off to the right. He becomes aware of his arm wanting to turn the wheel to the right just as he hears the crash and buckling of metal. Tom asks Joe to ignore the crash for the moment, focus on the sensation, and complete the turn to the right. Joe makes the turn in his body and "avoids" the accident. He has some more mild shaking that is quickly followed by a tremendous amount of relief even though he knows the accident did happen.

Tom asks Joe to return to the point where he first saw the yellow fender and the man through the windshield. From there they move to the moment where he hears the first clang of metal. As these images are accessed, Joe feels his body being thrown to the left, while at the same time, it is pulling back in the opposite direction. He feels like he is being propelled forward and his back muscles are trying, unsuccessfully, to pull him

back. Tom encourages Joe to keep feeling his back muscles. Joe experiences increased tension as he focuses on the muscles. He then experiences a slight feeling of panic. At that point, Joe's back muscles release and he breaks into a sweat. He shakes and trembles deeply for several minutes. At the end of this, Joe discovers himself feeling peaceful and safe.

Joe knows that the accident happened. He knows that he tried to avoid it. He knows that he wanted to go back to talk to his wife. Each of these experiences are equally real for him. It doesn't seem like one is real and the others are made up; they appear as different outcomes to the same event, both equally real.

In the few days following the release of the energy stored in trauma, the symptoms in Joe's right arm and back cleared up significantly. It is important to recognize that the pain he was experiencing was related to impulses he had that had not been completed. The first impulse was to turn the steering wheel to the right and to go back to talk to his wife. The second was to turn right to avoid the accident. A third was the muscles in his back that were trying to pull him back. Being encouraged to *complete* each of these actions, Joe was able to release the stored energy associated with the impulses, even if it was after the fact.

We can see that this process offers a way to allow responses to complete and images to become more connected (associated). Images that are constricted become expanded, while stored energy is released through gradual discharge and completion one step at a time.

Peter Levine received his Ph.D. in Medical and Biological Physics from the University of California at Berkeley. He also holds an independent doctorate degree in Psychology from International University. During his thirty year study of stress and trauma, he has contributed to a variety of scientific and medical publications, including the chapter on stress in *The Handbook of Psychophysiology*.

He was a consultant for NASA during the development of the Space Shuttle, and has taught at hospitals and pain clinics in both Europe and the US, as well as at the Hopi Guidance Center in Arizona. He is currently a consultant for the Pain-Rehabilitation Center in Boulder, Colorado.

Dr. Levine lives in the foothills of the Rockies, on the banks of the St. Vrain River, near Lyons, Colorado.

Further Information

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The Somatic Experiencing Trauma Institute

a not for profit organization

6685 Gunpark Dr. Suite 102

Boulder, Co. 80301

Tel: (303) 652 - 4035

Fax: (303) 652 - 4039

Email: info@traumahealing.com

Web Site: www.traumahealing.com

For further information on literature and events by Peter A. Levine, including books in progress and upcoming events, please visit his personal web site: www.somaticexperiencing.com