

Somatic Integration® in the Treatment of Trauma Related Disorders and Post Traumatic Stress

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Over the past 30 years I have treated many people with trauma related disorders in my private bodywork practice at the Esalen Institute in Big Sur, California. To be clear, trauma related disorders and post traumatic stress can look like many different things in different people, depending on their personality structure, and specific traumatic history. A relatively psychologically “healthy” person, taken here to mean an individual with a stable, consistent sense of self, will internalize trauma quite differently and respond to its treatment through touch more readily than someone who is relatively unstable. The reason for mentioning this fairly obvious fact is this: The body therapist treating victims of trauma need to determine the relative stability of their clients before they touch because of the power that bodywork possesses to mobilize “stuck” traumatic energy, and potentially destabilize their clients. Once a determination has been made that an individual is suitable for bodywork, and Deep Bodywork (of which there are many different types, Somatic Integration being the form I have developed) in particular, the therapist needs to proceed with great sensitivity, providing a clear “field” within which a bond of trust can develop between client and practitioner. With seriously traumatized individuals, this means that a “therapeutic relationship” needs to develop over a series of sessions. It also means that the professional bodyworker should encourage such clients to seek psychotherapeutic support during treatment if they lack such skills in their own training.

After it has been established that a given client is suitable for therapy including a Deep Bodywork component, and the appropriate bonds have developed and a supportive structure created, Somatic Integration can be a very effective part of healing the often stubborn symptoms presented in post traumatic stress. Why are such symptoms so difficult to deal with, often not yielding to therapeutic intervention? The answer is to be found in our biology, not in our psychology. Trauma is the result of being exposed to situations that are either life threatening, or extremely stressful. A complex set of neurological changes which deeply affect the both the mind and the body take place as a matter of self preservation in the traumatic situation. (Remember: The situation may not actually be life threatening. It is only important that it is perceived to be so in order to produce a traumatic response.) The brain, specifically its autonomic portion, shifts into a “sympathetic” or “fight/flight” state, and can often become “stuck”, or “frozen” there, making a shift back toward what I call “autonomic flexibility” very difficult.

When autonomic flexibility is present, the “fight/flight” state appears and disappears appropriately in relationship to things that are actually happening. When autonomic flexibility is not present, we can become stuck in a neurological state characterized by anxiety, overstimulation, aggression, and a lack of ability to focus. The effects, which are well documented in war veterans, victims of violent crime, can be devastating. People can lose the ability to sleep, to work, be in relationship, to eat, and as a result to live a life with a “normal” daily routine. Until the traumatic cause is addressed and autonomic flexibility is restored, life can become a nightmare characterized by what can be described as a state of trance created by the “stuck” energy, literally freezing personality structure within the traumatic pattern.

How can Somatic Integration, and other Deep Body approaches be an effective part of restoring autonomic flexibility? There are some key components of working on the body’s deeper tissues which can be catalytic to restoring this capacity. Following are some that I have found to be of particular significance:

First, touch itself, when applied with the educated hand, bypasses the mind’s intellectual defenses and works directly with the Limbic and reptilian portions of the brain where the stuck energy of trauma is located. Here we must be careful. If the practitioner is not educated enough to work with the complexities of defensive shame, which is often present in victims of violent crime, bypassing these defensive functions can be quickly destabilizing and lead to further traumatization. If however the skilled bodyworker can create a strong enough bond of trust, the client can move through this very complex layer in a way where traumatic energy can be released and autonomic flexibility restored.

Second, trauma is something which usually has an important non-verbal component. The energy and pattern of trauma is something the bodyworker needs to sense and feel rather than discuss with clients in order to get it to reveal itself. Body therapists trained in Somatic Integration have learned to feel the body from the surface of the skin to the periosteum of the bone over a long period of time. They can detect at a feeling level the tension patterns that a loss of autonomic flexibility creates, and touch them directly using great sensitivity. This can often mobilize the stuck traumatic pattern, making it available for scrutiny by client and practitioner together.

Finally, the mind will use the physical tissues, literally, as the location for repressed unconscious memory, which is crucial to understanding post traumatic stress and it’s stubborn refusal to yield to traditional psychotherapeutic approaches. It is absolutely necessary to include a “somatic” component in working with trauma victims and their symptoms.

Above are a few reasons why Deep Body Therapies in general, and Somatic Integration in particular, can be effective modalities in dealing with post traumatic stress and the many symptoms stemming from it. The skilled bodyworker should never underestimate both the catalytic, as well as the healing power of Deep Bodywork in dealing with this very complex condition.

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