

## **Somatic Experiencing (SE®) in Family Constellations**

**by Hedy Leitner-Diehl**

"In short, trauma is about loss of connection- to ourselves, to our bodies, to our families, to others, and to the world around us. This loss of connection is often hard to recognize, because it doesn't happen all at once. It can happen slowly, over time, and we adapt to these subtle changes sometimes without even noticing them. These are the hidden effects of trauma, the ones most of us keep to ourselves." This is what Dr. Peter Levine writes in his book "*Healing Trauma, A Pioneering Program for Restoring the Wisdom of Your Body*" (Sounds True, 2005, P. 9).

Today everybody uses the term *trauma*. Currently there are many different trauma therapy methods offering diverse approaches for healing traumatized individuals.

In the following, I will focus solely on Somatic Experiencing (SE®) trauma therapy.

### **What is Somatic Experiencing (SE®)?**

SE is a body-oriented trauma therapy, founded by Dr. Peter Levine. His model for overcoming and integrating traumatic experiences is based upon the observation of wild prey animals, and takes into account the physical processes that occur during life-threatening experiences.

When we experience a threatening situation, our body mobilizes all of its energy in preparation for fight or flight. If we manage to act either of these out, our body regains its natural balance. However if fight or flight in a life-threatening situation is not possible, or is perceived to be impossible, we freeze, i.e. our body freezes.

Nature has developed this freezing response for two important reasons: One, it is our very last survival strategy, and secondly, the immobility response causes us to enter an altered state of awareness in which we do not feel pain. During the freezing response, the physiological mechanisms triggering the fight or flight reactions are still completely mobilized. The available energy thus remains in this highly active mode, and is not discharged.

Although their existence is constantly threatened, animals in the wild are not permanently traumatized. They have innate mechanisms that enable them to release the mobilized energy crucial for their survival without leaving undesirable after-effects.

The National Geographic Society depicts this phenomenon in the impressive video "Polar Bear Alert" from 1982. A polar bear is hit by a sedative dart after having been chased by a jeep. While slowly recovering from the tranquilizer, the bear trembles, then shakes and, while still lying on his back, moves his legs as if he is still fleeing. He also moves his head to the left and right, as he did while observing his pursuers.

We humans basically have the same instinctive mechanisms, but these are often suppressed or overridden by the "rational" part of our brains. Thus the survival energy produced by our body in life-threatening situations remains trapped in the nervous system, and our body continues to react to the threat of the past. Our present behaviours and reactions are therefore often linked to the overwhelming experiences of our past.

Moreover, traumatized individuals are often attracted to similar threatening situations. For example, those involved in car accidents are often drawn to dangerous situations in road traffic. Our body seems to search for opportunities to resolve and discharge the activated stress energy trapped within our nervous system.

If the body remains in this hyperactive survival mode over a longer period of time, physical and psychological symptoms appear— often years later — that do not have obvious correlations to the original trauma. Traumatic symptoms are not caused by the traumatic event itself, but rather by the frozen residues of energy that were not resolved after the traumatic experience ceased.

Typical symptoms of a so-called posttraumatic stress disorder are anxiety, panic, hyper-vigilance, disorientation, dissociation, tension, hyper-excitability, loss of body sensations, sense of alienation, attachment disorders, concentration difficulties, fatigue, insomnia, neck and back tension, migraine and digestive problems.

Somatic Experiencing (SE®) uses the special awareness of body sensations to renegotiate the traumatic experience both physically and mentally. It is not necessary for the individual to relive the trauma. The renegotiation combines elements from the original traumatic event with powerful forces and resources that were not available at the time of the overwhelming threat.

The uncompleted survival response can thus come to its natural end. Traumatic stress can be resolved and the activated energy, which was trapped in the nervous system, can be discharged in small doses.

The fear of re-experiencing the traumatic event, whether in reality or memory, can be overcome, and the chance of being re-traumatized is diminished. The effects of previous traumas can be resolved, and the encapsulated life energy can flow once again.

### **The Methods of Somatic Experiencing (SE®): Working with the Felt-Sense (inner body sensing)**

The term "Felt Sense" was coined by Eugene T. Gendlin. In his book *Focusing*, 1981, he describes it as follows:

"A *felt sense* is not a mental but rather a physical awareness, the body's sense of a particular situation, person or event."

Trauma primarily transpires on an instinctual level. For this reason, it is our physical and not our mental body that stores the fragmentary memories we have of traumatic events.

"When we are able to access our 'body memories' through felt sense, we can begin to discharge the instinctive survival energy that we were not able to employ at the time of the life-threatening experiences."<sup>4</sup>

Felt sense is an important therapeutic instrument in Somatic Experiencing. Focusing on physical sensations helps direct the person's awareness to what he is experiencing in his body in the current moment.

Tracking in SE® describes the receptive attitude of the therapist when accompanying the client in his process, and being aware of the client's inner and outer experiences.

## **Titration**

In traumatic events, things either happen too fast, or are too intense. Titration allows the system to experience just the opposite - tiny bits of traumatic material, often containing an explosive charge, are gradually integrated and transformed.

The traumatic experience can be combined with positive experiences as well as the feeling of security in the present, and can thus be better processed.

## **Pendulation**

The physical system naturally swings back and forth between the secure, resourced state and the un-resourced state evoked by the traumatic event. In SE® this natural fluctuation is supported by the therapist, or even initiated if necessary.

Before carefully approaching the outermost layer of the trauma, it is important to have a safe initial state and reliable resources. The most effective resources are those found in the course of the traumatic experience itself, for example a doctor who was calming following an accident, or resources that can be perceived in the body through the felt sense.

Through this process, the instinctive resources for successful self-defence, which were overwhelmed during the original event, become available once again.

When the pendulum swings to the traumatic event during pendulation, traumatic material can be gently worked through one step at a time. When it swings back to the safe side — the resourced state — relaxation, regeneration, internalization and reorganisation can occur. The healing process often manifests in very small unconscious movements, such as changes in breathing, or in trembling, flushes or shivers. These are signs of blocked energy being released. If the body can free itself from its frozen state — freezing response — instinctive fight and flight responses are released. During trauma sessions this is often exhibited as movements of the legs, or in defensive position of arms. Once the client has established a safe distance from the trauma, whether active or imaginary, aggression usually comes up, followed by pain. This sequence can happen repeatedly.

Containment is an important term in SE. Together with internalization, it involves acknowledging and taking charge of one's feeling. This is different from catharsis, where emotions are acted out. Increased containment manifests as longer swings of the pendulum, and greater resilience in daily life.

## **Family Constellations and Traumatic Events**

When asking about "difficult occurrences" or "guilt issues" at the beginning of a family constellation, the topics that usually come up are traumatic experiences such as war, flight, imprisonment, holocaust, early deaths of beloved persons, abandonment, giving a child away, separation, divorce, tragic accidents or suicides, violence, victim and perpetrator issues, etc.

In family constellations we constantly work with events that are or were traumatic for our clients or their relatives.

Working with representatives in constellations protects the client from being overwhelmed by the traumatic event(s). In this way, the client can observe the process from the outside, from a distance. The client is also protected because one works with the family system as a whole, and not merely with the problem of one person. The ancestors are included in the constellation, and offer important resources for both the client and the representatives. The orders of love operating in family relationships, and in the solutions that present themselves, also offer resources and protect the client from being overwhelmed. The solution that appears in the end of the constellation may also be an important resource.

In constellation work, the question nevertheless arises as to whether the clients or their representatives can be re-traumatized.

Trauma therapy assumes that when trying to resolve traumatic experiences there is danger of being re-traumatized. In the professional training program "SE® for Systemic Constellation Work Facilitators" Dr. Peter Levine repeatedly emphasizes that he often observes clients or their representatives becoming highly activated and entering a frozen, rigid state without the facilitator being aware of it.

I myself recall going into traumatic material and freezing while acting as a representative in a constellation work with a group of colleagues. I felt complete panic inside, but was unable to express my disassociated, distressed state. Since I only had a minor role and was standing at the edge of the constellation, with my back to the facilitator, he did not notice my state. Only after the following break was I able to talk again and ask for help. I am very thankful for this distinct, first-hand experience.

Fortunately, trauma themes and insights from various trauma therapies have been given more attention and have gained significance and in family constellation work over the past years.

### **Constellation work and Somatic Experiencing (SE®) Trauma Therapy**

In addition to constellation work, I have applied Somatic Experiencing (SE®) and specific SE® techniques in my individual therapy work, and in the numerous seminars and training programs I have given over the years. Depending on the client's needs, I either use one of the methods, or combine them both.

After conferring with the client, I often decide to do body-oriented SE® work before beginning a constellation. I opt for this possibility when I notice that the client is not in contact with himself or his body, if he is tense and fearful, or if the events surrounding the family constellation are overly agitating.

Here is an example from a constellation seminar: Before beginning a family constellation, a middle-aged man named Peter (real name withheld) talked about several dramatic events in his family of origin: the puzzling, unclarified deaths of small children; his uncle shooting his best friend when he was a child; the father's siblings being struck by lightning; and his grandfather being murdered.

As soon as Peter had sat down on the chair, one could see that he was holding his breath and was very tense. His tension increased as he spoke about each event, especially the one in which his uncle shot his best friend. His initial trembling developed into an inner shaking, which he fervently tried to suppress.

In order to accompany him through this highly activated state, I suggested working with him on the physical level. He immediately agreed.

Through Somatic Experiencing he was able to slowly access his physical sensations. Initially, he did not feel anything. Awhile later, he felt paralyzed and unable to move or breathe. Eventually, he began expressing himself: "I don't want to feel it", "I have the feeling I'll be ripped to pieces in a minute." During the entire process I observed his body releasing and reorganizing itself in the form of micro movements: shaking, trembling, teeth chattering, burping, and a deepening of the breath. At one point Peter clearly sensed his legs and began moving them. Suddenly he felt comfortable with his body sensations; he the urge to stand up and move around. He breathed deeply and laughed. He felt his hips, his belly, his chest, and his arms and took a few steps.

I suggested he say: "I am Peter". He laughed, repeated this and then continually said "yes, yes, yes". I suggested he say "in the year 2009". He laughed again, repeated the phrase and again said "yes, yes, yes". His whole body moved and nodded to these "yeses". Finally, I asked him to feel his body sensations in that specific moment, and, in conclusion say: "because the body remembers..." He laughed again and nodded. That was the end of our session.

On the last day of the seminar he was ready to work on his family constellation. It came to light that he was closely connected to his uncle who had shot his friend.

In other cases, I use the body-oriented approach at the beginning of a session, and then continue with constellation work.

In individual sessions, I often combine constellation work using small figures with SE®. When working with figures it is easier to interrupt the constellation work and focus on the body, in contrast to working with group constellations and representatives.

I also apply SE® during group constellations, not just at the beginning, but also when the constellation is in process. If, for example, a representative becomes too activated, then I work with him within the constellation. If working with him takes up too much space, or if his reaction is too intense, I will occasionally interrupt the constellation. This is also done if the client becomes too agitated.

During one training program in which participants were doing constellation work in subgroups, one participant entered a state of shock. She became chalk-white, stared blankly into space and seemed dissociated. When I asked her to make eye contact, she did not react. I stood beside her, took her hand firmly and said: "You've come into some traumatic material right now, I'm going to take a step backward with you." She reacted and we cautiously took one step back. Using the "felt sense" method, I stayed in contact with her physically, through eye contact and speech. Very slowly, step by step, we withdrew from the field. I asked her what she was sensing. After a while she answered: "I feel very hot, my mouth and throat are completely dry, I can hardly stand it." I asked what would help her right now. "Cold water - on my feet ... my legs feel like jelly, I can't move, I can hardly stand upright ... I feel really hot" she answered. I suggested she imagine standing at the shore of a lake, feeling the water around her toes. She replied: "That feels good". After a long while she added, "I can go in a bit deeper." At this point, one could see she started to relax a little bit. She then said: "My mouth and throat are really dry, I'd like to drink some cold water." A group

member brought her a glass of water. She took a few sips and after a while said: "Now I can sense my mouth again." I worked with her, encouraging her to sense her mouth, tongue, gums, and throat. After a while she said she felt the water in the lake bathing her navel. We continued working with the felt sense. She then said: "I feel a pleasant and consistent coolness." Once she felt her legs and feet again, she was able to make eye contact. She looked at me, looked around, and finally said: "It's like coming back into a different world." After awhile I could accompany her back to her chair.

Since I have known this participant for quite some time, I had the impression that her own trauma had been triggered and activated through the role of the representative.

In certain situations following a constellation work, I advise the traumatized individual to do trauma therapy for a longer period of time.

The following case describes a young woman who came into the group wanting to solve a problem involving her six-year-old son. He was born with an ureteropelvic stenosis and an enlarged kidney. As a baby he underwent numerous operations and painful examinations. In the years following, he exhibited dramatic symptoms approximately every two weeks: high fever, stomach aches, and vomiting, which often led to emergency visits to the paediatric clinic. This was a long and dramatic anamnesis for a six-year-old boy.

After suffering from urosepsis, he was released from hospital two weeks before the constellation seminar.

His mother appeared completely traumatised from the dramatic and alarming events. She was absolutely desperate and kept on crying. She held her breath, repeatedly saying how terrible the situation was, and that she had lost trust and had no strength left. She also expressed her desperation over all the hardships her son had to cope with.

I decided to start by working with SE®. The mother cried desperately and bitterly, saying: "I can't go on." It took a while until we were able to find an effective resource: She described how wonderful it was to sit beside her son's bed, knowing her husband was there, and would take over when she needed a break. This was our resource. While working with her, I invited her to go into the break, and encouraged her to be aware of it, and to relax within it. For the first time, she was able to breathe deeply and said: "I can finally breathe freely, I thought I wasn't capable of that anymore." I continued to have her work with the felt sense so she could become aware of her body sensations. It was wonderful to see the client sway like a pendulum between the different states, describing in tears how terrible everything was, but then taking a "break" to relax and release. At the end she gleamed with joy saying: "How nice to be able to laugh again!"

In the second part, the constellation work, we focused on her immediate family: her husband, her son, and herself. She placed herself very close to her husband and her son very close opposite her. The representative of the son immediately wanted to step backwards. When I asked him to do so, he stepped very far backwards and stared as if in panic onto the floor in front of his mother. Even her husband moved away from her. She became rigid and simply stared at her son. When I picked out someone to represent her own father, and positioned him next to her, her representative said that, for her, nothing changed. (The client had told me at the beginning that her father had died due to a kidney tumour at the age of 42.) I then asked the client to position her

son's symptom. She chose a woman to represent the symptom, and placed her next to her son. Following the movement of her soul, this woman then moved backwards through the room and fell on her back at the feet of the client's father. She lay on the floor with a relaxed smile on her face. When the symptom lay on the floor in front of him, the mother stopped looking at her son for the first time, and turned her attention to the symptom and to her father. After a moving interaction between the woman and her father, he said: "My dear child, you have to be very strong now, my time here has come to an end. There is something greater that determines when I must go." This felt consistent for the father and he was very moved. The son was very relieved.

Before doing the constellation, I had advised the woman and her son to do trauma therapy, so that he would also have the opportunity to resolve the dramatic events stored in his nervous system. This occurred to me again during the constellation, so I picked a person to represent "trauma therapy" and positioned her behind the son. He reacted immediately by deeply exhaling. I let him feel this support, and the possibility of letting go of the past events for good. The son turned toward his father and slowly walked into his arms.

The woman later told me that her husband noticed that their son had exhibited alarming symptoms shortly after the constellation seminar began. His condition seemed to have coincided with the woman's constellation work. According to the father, the son "puked his guts out," and then went to bed, which was unusual since he did not like to be put to sleep. When the son woke up, he seemed transformed.

### **How does constellation work benefit from SE®-Trauma Therapy?**

In conclusion, I would like to mention several aspects of SE®-Trauma Therapy, which in my opinion, are useful for working with traumatic events that within constellation work:

That we recognize and acknowledge states of shock as they develop, and fine-tune our awareness and sensitivity to these states.

That we can keep an eye on the clients outside the field, and intervene if they become too agitated. If this is the case, it is more important to look after the client than to follow rules about how the constellation should work. It is also possible to freeze or interrupt a constellation, or to take a break, in order to help the client keep a safe distance and not become overwhelmed.

That we can be aware when a representative becomes overloaded, and stay in contact with them. Questions such as "are you still okay?" are very helpful. If the representative is in danger of being overwhelmed, we can release him from the role. We also look after representatives who go into a freeze mode, and interrupt the constellation if necessary.

Keeping sufficient distance is often important when, for example, a client or representative cannot look at the issue because it may be overwhelming. In this case, one creates distance and space until the person feels safe. Likewise, it is often helpful when the facilitator makes physical contact with the person who is holding onto difficult feelings. For example, the facilitator can place a hand on his back, stand next to or behind him, or hold his arm or hand. The goal is to support the client or representative, and create a sense of containment that allows him to stay with the difficult feeling. When working with trauma clients it is important to ask for permission before touching them.

It seems to me that titration is also very important in constellation work. It involves exposing the clients to small amounts of their distress; only as much as they can process at that moment. We work gradually, step by step. If necessary, we break the issue down into several constellations. Even if we are tempted to continue working with a client because of complex issues, we respect the needs of the client, and do not continue working if he does not want to.

By incorporating insights from trauma therapy, we can alter our approach as facilitators in constellation work. Insights from SE help us in bringing even more awareness, sensitivity and understanding into our work with clients and representatives, particularly when dealing with overwhelming experiences.

## References

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Atlantic Constellations. April 12, 2018 Â· SOMATIC EXPERIENCING is new to Eastern Canada, including the Maritimes. It is a gentle, healing work that is much needed. Contact us for info on a free introductory session. <https://traumahealing.org/>Â The Foundation For Human Enrichment, d.b.a. Somatic ExperiencingÂ® Trauma Institute, is a 501(c)(3) nonprofit dedicated to resolving trauma worldwide by providing state-of-the-art professional training and public education in Somatic ExperiencingÂ® (SEÂ„ç). The Foundation For Human Enrichment, d.b.a. Somatic ExperiencingÂ® Trauma Institute, is a 501(c)(3) nonprofit dedicated to resolving trauma worldwide by providing state-of-the-art professional training and public education in Somatic ExperiencingÂ® (SEÂ„ç). Somatic ExperiencingÂ® (SEÂ„ç) was developed by Peter A. Levine, PhD to address the effects of trauma. Levine developed this approach after observing that prey animals, whose lives are routinely threatened in the wild, are able to recover readily by physically releasing the energy they accumulate during stressful events. Humans, on the other hand, often override these natural ways of regulating the nervous system with feelings of shame and pervasive thoughts, judgments, and fears. Somatic Experiencing aims to help people move past the place where they might be â€œstuckâ€ in processing a traumatic ev Somatic experiencing is a form of alternative therapy aimed at relieving the symptoms of post-traumatic stress disorder (PTSD) and other mental and physical trauma-related health problems by focusing on the client's perceived body sensations (or somatic experiences). It was developed by trauma therapist Peter A. Levine. Sessions are normally done in person, and involve a client tracking their own experience.:255â€”256 Practitioners are often mental health practitioners such as social workers The Somatic ExperiencingÂ® method is a body-oriented approach to the healing of trauma and other stress disorders. It is the lifeâ€™s work of Peter A. Levine, PhD, resulting from his multidisciplinary study of stress physiology, ethology, biology, neuroscience, psychology, and indigenous healing practices, together with over 50 years of successful clinical application. The SEÂ„ç approach releases traumatic shock and restores connection, which is key to transforming PTSD and the wounds of emotional and early developmental attachment trauma. SE offers a framework to assess where a person is â€œstuckâ€ i