

Bonus 8

Advanced Master Program on the Treatment of Trauma

Practical Exercises to Help Bring a Client's Social Engagement System Back Online

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How Trauma Can Shut Down a Person's Social Engagement System

Ms. Dana: The social engagement system brings alive this beautiful face-heart connection, which allows us to then use our eyes and our head movement and our prosody of our voice and the ways our face moves to send cues of welcome and connection out into the world. It also allows us to send cues of warning and “stay away” out into the world.

So the social engagement system is a very robust system that is always sending cues out into the world and is also always receiving cues from other systems. And it's this conversation between social engagement systems that is giving us this sense of, “Ooh, does this feel like somebody that I might want to spend a little time with?” or, “Ooh, there's something that feels unsafe here.”

Dr. Buczynski: The social engagement system is something we've talked about at length throughout the program.

That's because trauma can have such a profound impact on both the development and function of this system, and make it difficult for a person to socially engage with others.

Ms. Dana: Growing up if we're in a house where there's people that have that flat face, that not look, we don't get a lot of chance to play and to have this reflected back to us.

So when a client has experienced trauma, especially interpersonal trauma in their family, the social engagement system, if it's not met in the world with another social engagement system that's alive and welcoming, the social engagement system begins to take a step back to shut down. Because, very

creatively yet again, this nervous system says, “If I'm going to put this out into the world and not get met in return, then I'm going to shut it down because it's not worth it.” That would be the brain's language, but the nervous system is simply saying it's painful to keep doing this and not get met. And so oftentimes what happens for people is that social engagement system goes to sleep. It doesn't go away. It's not unwired. But I like to tell clients, it's taking a

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nap. It's gone to sleep for a while because it makes perfect sense. Why keep putting out into the world if you're not going to get a welcoming response back?

Dr. Buczynski: So when the social engagement system goes dormant, how can we help get it back up and running?

We're going to look at two practical exercises you might use.

But to begin, you want to orient your patient so they can start to distinguish between cues that indicate danger versus cues that indicate safety . . .

Ms. Dana: When we get those cues, the next step is to say, "What is it specifically about that other social engagement system that either feels welcoming or feels like a warning?" Because that really is the work of operationalizing your nervous system. You become an active operator only when you can decode what's going on. And so you might look at another person and you might see that there's an eye, something that's going on that's a cue of danger for you. And then you can stop and say, "Huh, I'm curious about that." Or there may be a certain way that they hold their head or a tone of voice. Tone of voice is often a cue of safety or danger.

A certain tone of voice can be reminding of a familiar person in your past who might be a wonderful cue of safety or might be a cue of danger. And so we therapists can stumble into these things without knowing. And so again, it's about bringing it into explicit awareness. And one of the fun things to do with the social engagement system is to play with it, with your client in sessions.

Two Concrete Strategies to Help Revive Your Patient's Social Engagement System

Dr. Buczynski: As you've heard throughout the program, knowing how to skillfully use tone of voice can be so helpful in working with patients who've experienced trauma.

So with that in mind, let's get into the first exercise you might use to boost your patient's ability to engage socially. Deb Dana calls it "the sound of your voice."

Ms. Dana: It really is this experiment around telling a story with different tones of voice and noticing what happens. And then playing with your clients and saying, "Okay, I'm going to talk

to you in three different tones of voice and see if you can get the message that I'm sending." And then have your clients do the same to you because often what happens is clients don't recognize what they're sending out into the world, and they also don't receive in the way that you are trying to send. So it's this kind of fun way to play with the sound of voice and what the messages are.

There's interesting research that when a voice has been computer altered, that a person says a story and then they computer-alter it to sound three different ways. And even though I know I recorded the story and I know what my nervous system state was when I recorded it, I know I was either happy or angry, when I hear it in the computer-altered form, I take on the feeling of the tone of voice. It's very fascinating. So it's a fun way to play.

Dr. Buczynski: So that's one way you might help a patient reactivate their social engagement system. Here's a second strategy you might use . . .

"Often what happens is clients don't recognize what they're sending out into the world. And they also don't receive in the way that you're trying to send."

Ms. Dana: Another way to invite what's going on in the client's nervous system is to play with eye gaze. I call it stare-look-gaze, where we take a moment and we stare, and then we look, and then we gaze. And it's a very subtle shift. It brings a powerful nervous system response. And again, it's a thing that I do in my trainings, but I will do with clients and say, "We're just going to do 10 seconds of each of these, and we're just going to notice what happens in your nervous system." And there's usually a very

powerful response. Stare usually gets it. Well, that's a cue of danger. Get me out of here in whichever way, sympathetic or dorsal. A look, because there's not a lot of information that goes along with the look, can be very confusing to a nervous system. And it can immediately put a client into a survival response because they don't know. And then the gaze, which is really what we're hoping we do with our clients in therapy, should bring this warm connection, this, oh yes, she's here with me.

Dr. Buczynski: So when working to bring your patient's social engagement system back online, you want to use strategies that help them become more in tune with both social cues AND with their nervous system's response to these cues.

Now I hope you'll join me in our next bonus module, where we'll look at how to strengthen family relationships that have been disrupted by trauma.