

Bonus 1

Advanced Master Program on the Treatment of Trauma

How to Work with the Body to Address Your Patient's Freeze Response

Ruth Buczynski, PhD with

Peter Levine, PhD; Janina Fisher, PhD; and Pat Ogden, PhD

Table of Contents

How to Prevent Clients from Becoming Overwhelmed When Emerging from Freeze.....3

Specific Language to Reframe How Clients Think About Their Freeze Response.....3

What a Client’s Subtle Body Movements Can Reveal About Their Freeze Response.....4

Why it Can Be Often Helpful to Let a Client’s Body Guide Treatment.....7

How to Prevent Clients from Becoming Overwhelmed When Emerging from Freeze

Dr. Buczynski: When a patient gets stuck in a freeze response, built-up energy is often trapped in the body.

According to Dr. Peter Levine, to help your patient come out of this freeze state, the first step is to help them gradually release that locked-in energy.

Dr. Levine: So, what we need to do therapeutically is help the person release that energy, and have that energy move into movement, and to do all that one small amount at a time. One small amount at a time, so the person isn't overwhelmed, because that's the key. Because if we're in the freeze response, how to get out of the freeze response — it has to be gently, and it has to be. . . The term I use is titration. You titrate your access, so then it moves into free movement, and the person is moving now from fixity and stuck-ness and rigidity into slow movement.

Specific Language to Reframe How Clients Think About Their Freeze Response

Dr. Buczynski: Now, some patients may be afraid to take even a small action – because for them, mobilization might be associated with danger. So, how might you help your patient get more comfortable with taking even just a first step toward movement?

Dr. Ogden: First of all, I would treat every symptom as having a purpose, not as a problem. So, that's first of all. If someone says, "I've just been depressed. I don't want to get out of bed in the morning. I don't want to do anything. I just want to curl up in my bed and stay there all day, and it's terrible," then I would say, "Let's look at that, because there's some intelligence there that we might not yet understand." But there's wisdom in this impulse to just stay hidden away. And I think that's the first thing in working with anything, that there's intelligence in any symptom. Every symptom has a purpose. So, then we start to explore that purpose in a similar way.

“Treat every symptom as having a purpose, not as a problem.”

I might say to such a client, “If you imagine waking up in the morning, and you just want to stay in bed and just pull the covers around you and hunch over in your bed, let’s maybe even

do that here in the office. Here's a blanket. We could simulate that. Let's find out what starts to happen inside." With one client, actually, we did a very similar exercise where she said, "I just feel safe. This is a place where I feel safe." "Okay. That's a great purpose. Of course, you want to feel safe. That makes so much sense. So, there's something unsafe about taking action." And we see how this starts to spark then implicit memory, because we know in early trauma, it's unsafe to take action. A child can't get away. They can't fight back. There's nobody to help them. All those active responses can just make it worse. As a client starts to understand the positive function of the symptom, then we can start to befriend it and move through it with action.

Dr. Buczynski: So, when you help your patient appreciate the protective function of their bodily responses, it can help them become more willing to try moving their body.

What a Client's Subtle Body Movements Can Reveal About Their Freeze Response

Now, once your patient is ready to take that first step, it can be crucial for you to tune into the patient's body and key in on any slight movements.

"You'll notice there's a little subtle twist in the body, or the fingers come up a tiny bit. Almost always, that can indicate a preparatory movement that wants to happen but hasn't been fully completed."

Because according to Dr. Pat Ogden, that's another way to capitalize on helping your patient move through their freeze response.

Dr. Ogden: Meticulously noticing what's happening in the body and trusting what's happening in the body. A client may be talking about anything, something that happened years ago, something that happened recently, an issue of shame or whatever. And you'll notice there's a little subtle twist in the body, or the fingers come up a tiny bit. Or you can see a little tension happening, like maybe a pulling up of the

legs. Almost always, that has meaning, and almost always, that can indicate a preparatory movement, again, that wants to happen but hasn't been fully completed.

Dr. Buczynski: So how might this look in a clinical setting? Well, have a listen to this case study from Pat.

Dr. Ogden: One client had been a sex worker, she still was a sex worker actually, and had completely frozen over years and years of abuse, and her hands were in front of her genitals, and her fingers lifted like this — you can see. Her hands were like this. The fingers just lifted that much. So, as she was talking about her history, the whole time, her hands were folded over like this, and they were in front of her genitals. There were often these little movements. I'll lift my hands up so you can see, just that much, just almost imperceptible lifting up her fingers. That turned into this full-blown impulse to push away, which she had never experienced in her life, she said.

And through that, what we could call a frozen fight response, through that frozen fight response that emerged in this tiny lifting of her fingers, we could fully help her execute that pushing away motion that felt so good to her. She was in tears from the good feeling

and the hopefulness that she felt. But it doesn't have to be a lifting of the fingers. Working with someone once who was beaten by his father, when he was talking about this, there was a slight twist. You could barely see it, just a little turn like this. That's the time to say, "Okay. Let's pause right there and sense your body. Do you sense what just happened in your body?" And he said, "Yes. I feel like my body's twisting away." So, then we dropped the content, and now I let his body complete that motion of twisting away, and then he actually got out of his chair and almost ran across the office, moved away in a flight response. For him, it was a frozen flight response.

But keep in mind it can be any response that was stimulated at the time that the thing happened. It could be, in the car accident victims, there's also this impulse, often this impulse to twist in a way almost as if you would turn on the steering wheel, or to use your leg for brakes, or to brace yourself, because those actions that we learned when we learned to drive become procedurally encoded in our brains, so the subcritical actions. They don't go through our neocortex to be executed, just like fight, flight, freeze, cry for help, and feign death

“In car accident victims, there’s often this impulse to twist in a way almost as if you would turn on the steering wheel, because those actions that we learned when we learned to drive become procedurally encoded in our brains.”

responses. Any of those little incremental movements can be very helpful in moving through that freeze to finding the action that wanted to happen.

Dr. Buczynski: As Pat just illustrated, the body can reveal what's underneath your patient's freeze response. In fact, many times their body tells the most powerful tale of their trauma experience.

Notice how this played out in one of Dr. Janina Fisher's sessions with a client.

Dr. Fisher: A case comes to mind that I will never forget. There was a 45-year-old man who lived very remotely in a rural area, and he read Pat Ogden's first book *Trauma and the Body*, and he called me up, and he said, "I've just read *Trauma and the Body*, and I want to do that work. I want to push, I want to set boundaries, I want to do all the things that Pat Ogden describes."

So, he arrives in very excited. One of the most enthusiastic clients I think I've ever had, saying, "I just can't wait to do all the things in the book." And I said, "Well, let's take some time to get to know each other a little bit first." And he kept saying, but I want to do those things and finally, I felt, "He's driven so far for this appointment. I've got to give him a little bit of what he came for."

So, I said, "Would you. . . would you like to try an experiment?" And I said, "Notice what happens when you make this movement," which is a classic stop boundary movement, and he said, "Oh really? Oh, this is so great." And he put up his hands, and he froze.

And literally, you could hear. . . And his eyes went wide, and he went mute. So, here's this man who was so excited about the idea, but as soon as his hands came up, he had an

immediate terror-freeze response, and so there we were: I was a little frozen. He was a little. . . He was very frozen. So, I asked him to use. . . I didn't even try the nodding and shaking the head technique. I asked him if he would, if he could move his eyes as far to the right as possible.

And as he did so, his head started to turn, and then it turned a little more, and then without my having

“The symptoms tell the story better than the story the client remembers.”

to say anything, he just started to scan the room, very little movement. I'm probably moving more than he was moving.

But his eyes began to scan the room, and as he's scanning, this look of utter delight appears on his face "Wow. Oh. Ah. . ." and after he had scanned the room, he said, "That was. . . That was so amazing." He said, "I never realized that I don't look at things. I don't look at where I am."

And this feels so good and so then he voluntarily — I didn't even ask him — he started looking around.

And he felt what Pat Ogden calls, "the sense of having had an act of triumph." And it really. . . One of the things that I've learned over the last 20 years is I take less and less and less history because I trust that the body keeps the score, that the symptoms tell the story better than the story the client remembers.

Dr. Buczynski: Janina used that powerful breakthrough to guide her treatment the rest of the way. . .

Why it Can Be Often Helpful to Let a Client's Body Guide Treatment

Dr. Fisher: The rest of the therapy really focused on letting his body lead whatever we were doing.

And it was quite. . . It was quite an interesting experience, because I really felt that I had to become less and less active so that his body could be the leader in therapy.

Often, I ask a lot of questions. I ask people to notice their responses, to notice their impulses, but I even stopped doing that because when I asked him to notice his sensations or impulses, it took him out of relationship to his body, and when he just was in charge of reporting whatever he was noticing, "I'm having a thought, I'm having some tension, I'm having some sensations in my stomach," and he was like a little kid who'd finally been given a say, it was really. . . It was a lovely thing to watch. The more I got out of the way, the more he was like a little kid saying, "I can do it myself."

And it was really a very lovely experience. All starting with that freeze response, which really told us, "Okay, this is what we're dealing with."

Dr. Buczynski: So, by skillfully working with your patient's body, you can help them generate momentum that can lead to more rapid, effective progress.

Not only that, it can also help your patient become more in tune with their own bodily cues and more in touch with what they're feeling.

Now, I hope you'll meet me over at the next bonus video — we'll look at strategies to boost hope and improve coping for dissociative parents and their children.