

Having a Map Matters Merete Holm Brantbjerg

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In her new book, *The Body Remembers Volume 2: Revolutionizing Trauma Treatment*, Babette Rothschild includes what she calls a new ‘tool’, which is, in effect, a table and chart that identify the autonomic nervous system (ANS) and the effects of ANS arousal in the therapeutic setting. It is designed to help therapists better monitor, evaluate, and regulate client ANS arousal states thus making trauma treatment safer through observation and modulation.

The information as graphically depicted in this book represents what I call a ‘map’. Babette and I have been colleagues for many years in the same professional field, and we share a common passion—we like making maps. Furthermore, we like to keep working with them until they have reached a level of precision that is helpful not only to ourselves but also to other trained trauma therapists – and to clients.

A map, inherent in its design, provides both sign posts of what is considered ‘normal’, which in this case are noted as a calm state and an active/alert state, as well as oscillations away from the norm, which here include a move from calm to lethargic and a move from active/alert to either flight/fight, hyper freeze or hypo freeze. The map’s purpose is to include information regarding the named states with both verbal identifiers, (i.e., apathy, depression, safe, clear thinking, ready to act, react to danger, prepare for death), and visual markers, what to look for from a body based perspective (muscles, respiration, pupil dilation, skin tone and so forth).

Babette Rothschild has taken up the challenge of making a map that holds a differentiation of both sympathetic and parasympathetic arousal states – both in the “normal life” range of activation and in the range of life-threat. Inclusion and normalization matter when working with trauma. One aspect of being stuck in unregulated trauma reactions and patterns is that experiences weren’t named, normalized and included in the first place. If the state I experience is named in a map, it exists outside of me, it is normal, I share it with others, I have a subgroup for it. The sympathetic states in Babette Rothschild’s map include: active/alert (SNS I); flight/fight (SNS II) and hyper freeze (SNS III). The parasympathetic states include: lethargic (PNS I), calm (PNS II, aka ventral vagal), and hypo-freeze (PNS III, aka dorsal vagal collapse).

This is a valuable contribution to trauma-therapy including both therapists and clients who benefit from having a map that covers what they may, in fact, experience when entering the field of trauma.

While some nervous-system states have been named in several ‘maps’ of trauma-states, most typically known is the phrase, *flight, fight and freeze* - other states are more rarely acknowledged and differentiated; this goes for the parasympathetic ones, hypoarousal, collapse, giving up, etc. The most unusual aspect to include in this

book and map is the differentiation between two distinct degrees of parasympathetic activation; I applaud Babette for including this differentiation in the larger scheme of the trauma therapeutic field.

For many, as noted in the text, this differentiation can be new information. In a general sense, therapists have for a while now considered one frame for hypoarousal— a dorsal vagal stimulated collapse that is considered an extreme PNS arousal state - in Babette's language called "hypo freeze".

The other parasympathetic state is not only a trauma-related state. Babette names it as a 'lethargic' state typically associated with apathy and withdrawal. I suggested this state be included in this new 'map' because of my extensive work in this area.

The lethargic state does not fit within the threat to life category. It is closer to the normal life category, but holds a defensive strategy.

In my approach, the lethargic state is named as a hypo-response in the muscle-system and is understood as the giving up of impulses and emotions. (A parallel to the other known defensive strategy in muscles: tension.)

Babette Rothschild's description of the state focuses on signs from the parasympathetic nervous system (out of the normal range). Muscles go slack, respiration can be shallow, slower heart rate than normal, blood pressure lower. Pupils can be smaller and eyelids may feel heavy. Skin tone can be variable as well as the temperature of hands and feet (warm or cool). Digestion is variable. There is withdrawal from contact and lowered accessibility of the prefrontal cortex challenges integration.

In my work, I track the hypo-responsive state through noticing withdrawal from fullness in the body and with that also withdrawal from contact. Hypo-responsive areas are lacking and leaking energy – they are in a state of low energy, flaccidity, absence etc. A way to start tracking them is to just ask the question: Where do I not feel my body? Are there areas that are more absent than other areas? Areas that have a low energy level?

Whether we track this state through focusing on signs from the parasympathetic nervous system or through focusing on lowered presence in the muscle system, it brings us to include a state that is often overlooked.

Hyporesponse or the lethargic state is different from deep hypoarousal/hypo freeze. It is not about our survival – it is a coping mechanism, a defense pattern, we all use to manage life. We can withdraw, go into this state of lowered energy as a protection to feel what life is doing to us.

Making the differentiation between these two levels of giving up – the deep hypoarousal and the hyporesponse/lethargy – opens up the possibility of developing methods to work with giving up in different ways depending on the depth of the reaction.

The recommended intervention for the lethargic PNS I state in Babette Rothschild's model is to gently increase energy in the body, in a way that is gentle and well-paced (Brantbjerg, 2012). This is the kind of intervention I have specialized in for many years. In my experience it makes a significant difference in trauma-therapy.

When challenged or stressed, we typically react with both tensing up and giving up, which probably also means that both the sympathetic and parasympathetic arousal kicks in. Both reactions are there in the body and a normal tendency is to polarize between them. We can easily polarize between the parts of us that have energy enough to push through and the parts of us that withdraw and give up.

If we take the time to track the given-up parts and learn how to build up energy in them, we can get out of the stuck inner polarity and with that access a more filled out inner authority, that supports empowerment and resilience.

Building up energy in given up parts brings us closer to integrating what is held in these parts of us, that we in the first place went away from through withdrawal.

Doing this kind of work as part of approaching trauma means that we have more capacity to stay in charge and participate in regulating the dosage we work in. This goes both for the therapist and the client—a more equal cooperation between care-seeker and caregiver is supported.

Working with hyporesponse/lethargy prepares us for relating to the deeper giving up – the hypoarousal/hypo freeze state. If we know how to build up energy in low energized parts of us, access and integrate the information that is hidden inside the giving up, then it is easier to accept the existence of hypoarousal. We don't need to be pulled into collapse – we can learn to stay on the edge of it and include it as part of our natural survival reactions.

Babette's intention in writing about the lethargic state was to bring the concept of two variations of hypoarousal to the foreground, especially in relation to trauma work. Acknowledging and accepting the presence of these differentiated states will potentially impact trauma work, offering clarity for intervention strategies, as well as offer support for both the therapist and client: noting a lethargic state offers the opportunity to take responsibility for one's own exploration of its presence and its remediation instead of submitting to it.

BIOGRAPHY

Merete Holm Brantbjerg is a psychomotor-trainer and co-creator of Bodydynamic Analysis, a somatic psychotherapy tradition developed in Denmark. She names her current approach “Relational Trauma Therapy” - combining psychomotor skill training and systems oriented work with the goal of establishing systems in which mutual regulation of what has been held in dissociation can happen.

Merete leads body psychotherapy trainings and workshops in Scandinavia, London, Holland and Canada and maintains a private practice for therapy and supervision in Copenhagen.

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REFERENCES

- Brantbjerg, B. M. (2012). Hyporespose: *The hidden challenge in coping with stress. International Body Psychotherapy Journal*, 11(2), 95-118. Retrieved from: http://www.ibpj.org/issues/articles/Merete%20Holm%20Brantbjerg%20Pages%2095-118%20%20IBPJ%20Vol.11,No2_v1c.pdf
- Rothschild, B. (2017). *The body remembers volume 2: Revolutionizing trauma treatment*. NY: W.W. Norton & Company.