

# Restoration of Body Resources Lost in Trauma

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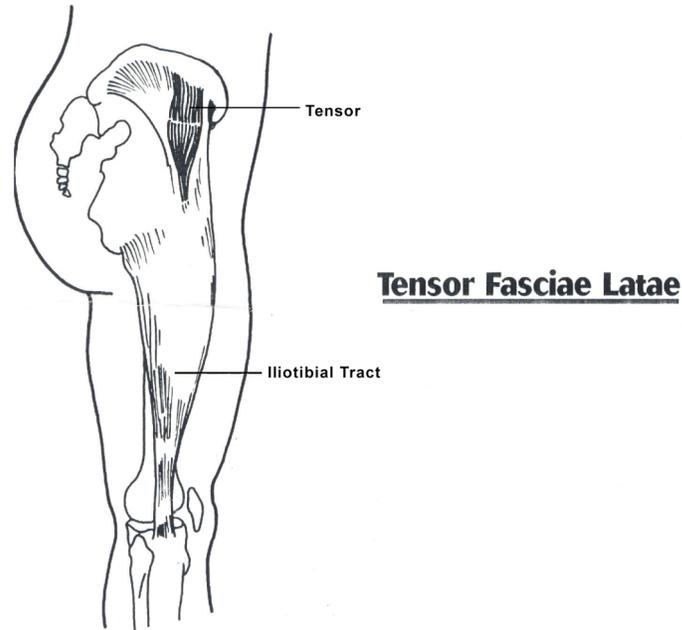
*The following is based on the  
Bodynamic Somatic Developmental Psychology Model*

You can use the mobilization of muscles (through movement or through touch) to give the client extra resource or support. This can be done with them either prior to the session or at the end of a session. You might also judiciously use the mobilization of these muscles during a session, in order to help keep the client's self-regulation on track and to stabilize the healing vortex. Activating these muscles can also be used by the client in their daily lives in situations where they feel overwhelmed. Keep in mind though, that some clients might get activated by mobilizing these muscle resources. Should this be the case, make sure that you titrate the process.

## Containment

### Tensor fasciae latae

The tensor fasciae latae and the iliotibial tract together run the length of the lateral thigh. They constitute, along with the sacrum, the primary structures of self-containment in the human body. In shock, the tensor fasciae latae and the iliotibial tract can either go very rigid or very flaccid. In either case, there is a loss of the ability to contain extreme activation. When it is flaccid the charge simply leaks away. When it is very rigid, the charge cannot build and explodes from time to time. The tightening of the tensor fasciae latae and the iliotibial tract gives one a greater sense of self-containment -- a greater ability to hold oneself together under stress.



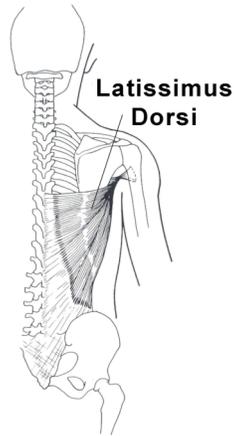
The tensor fasciae latae and the iliotibial tract can be activated or mobilized by asking the client to do the following:

1. *From the standing position:* Have the client attempt to raise their legs to the side while, at the same time, digging their heels into the ground. This will tighten the fasciae around the thighs and give the client a sense of increased containment. This can be done whether the client's muscles are flaccid or rigid.
2. *From a sitting position:* Have the client try to spread their thighs while they provide resistance with their hands by placing their hands on the outside of their knees. Again, this will serve to tighten the muscles and give the client a sense of greater containment.

These are great exercises to do with the client after a particularly vulnerable session. It helps them go out into the world in a much more contained state.

### Latissimus dorsi

The *latissimus dorsi* can also serve self-containment and support (support for one's personal power, will, choice, direction, anger, and solar plexus chakra – all of which can be lost or held back after shock).

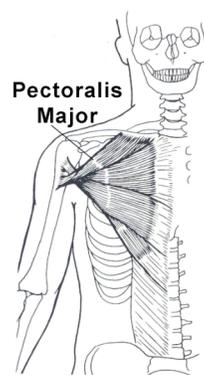
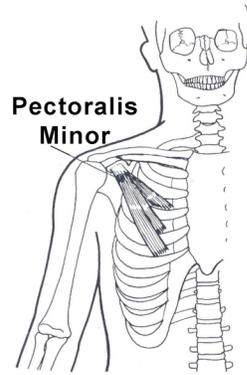


This muscle can be activated or mobilized by asking the client to do the following:

1. Have them bend their arms, at the elbows, and take the arms back with force (by bringing the tips of their shoulder blades together and down). This can be a very tiny movement.
2. You can also simply have them sense their back below their shoulder blades against the back of their seat.

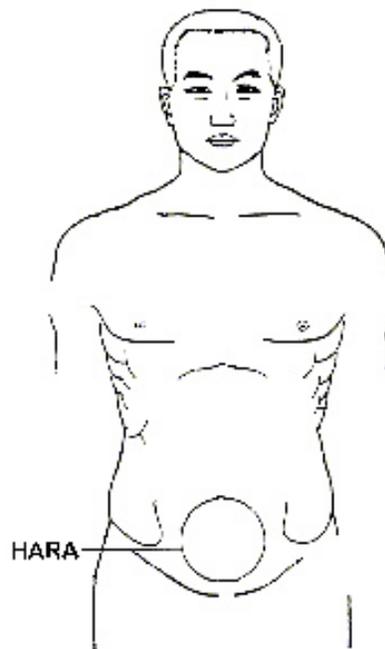
### Pectoralis Minor and Pectoralis Major

Activating the pectoralis minor and to some extent, the pectoralis major, can be useful after any difficult session. But activating these muscles can be particularly useful at the end of a session that has made the client more open in the heart. You can teach the client how to close the heart area at will in order to protect themselves from being too open when they go out into the world. Simply have them bring their shoulders forward and down ever so slightly.



## Centering

Another resource often lost in trauma is one's “*center*.” It is the area one to two inches below the navel, and approximately one and one-half inches in front of the sacrum. In some cultures and spiritual systems, it is called the “*seat of the soul*.” In others, it is called the *hara*.



One's center is: 1) The place from which we can sense a connection to our depths; 2) The basis for all autotomy; 3) A place from which we organize our experience (in the sense that we know what belongs to us and what does not belong to us). It is like the center stick in the cotton candy making machine gathering our experiences into a coherent whole; and 4) A place from which we can withstand the chaos of the external world while hanging onto a sense of ourselves.

The client might not be able to sense their center in the beginning. They might be able to sense it only after a considerable amount of the trauma has been resolved. Simply work with the center to the extent possible. Go back and use SE to resolve the trauma further. Then return later to the center and try working more directly.

There are several exercises that can be done to help the client to restore their *center*. Again, keep in mind that these exercises may be activating for some clients. They might get very activated as soon as they start to sense their center. So it will be a judgment call on your part – when and with whom these exercises might be appropriate. In any case, take care to titrate as you help them to restore this resource.

1. Have them simply sense the area. Then have them sense the area, with their hands covering the area. Having the contact of their hands might help them to sense the area more easily.
2. Have them sense their center while you push them slightly to the side. Then push them slightly to the side when they are not sensing their center. By doing so, they may start to appreciate the importance of sensing this place inside themselves.
3. Have them sit on the floor in a cross-legged position and have them sense their sit bones. Then have them tilt their body slightly to the side and then come back to the center – fully onto their sitting bones again. In doing so, their sense of center might be heightened.
4. Have them breathe in and out. As they breathe in, have them imagine energy traveling from wherever there is excess energy in their body to the center. Then on the exhale have them imagine the energy expanding in their center.
5. Have them move from their center to a piece of slow music. Then you can have them speed up a bit (to faster music) and see whether they can keep an

awareness of their center while doing so. If they lose touch with their center, have them slow down again. them to move fast and then slow down if they lose touch with their center. You can also have them intentionally go away from their center and come back to their center as they move and see whether they can notice a difference. You can even have them repeat this exercise to faster and faster music in order for them teach them to keep awareness of their center even when they get “speeded up” in the context of daily life.

After you have had them sense their center in one of the above ways, you might even ask them what image comes to mind as they are sensing their center. Then, have them go back between the seeing the image and sensing their center. Over time, the image of their center might change.

## **Boundaries**

A third resource often lost in trauma is boundaries. In terms of the client’s experience of broken boundaries, there may be several possibilities. The person might feel as though they are walking around without their skin – raw. There are no shields or buffers to sound, light, or any stimulus so the person may be hypersensitive and his or her reactivity may be exaggerated.

A lack of boundary can also leave a person feeling unsafe, vulnerable, and insecure when in contact with others. They might be unable to keep other energies from entering and merging with their energy. As a result, it is often difficult for them to separate their own impulses, feelings and experiences from those of others. This is especially true if they were traumatized or abandoned before the age of two or two and a half.

A client might also have difficulty facing others with intense energies without resorting to one defense or another. A client might withdraw their energy deep into their core in an attempt to protect themselves from intrusion. That doesn’t however, necessarily mean that they *are* protected from intrusion. Other clients might keep their energy large and unbounded to scare people (and

protect themselves). They seem to constantly be in the fight mode so they may get into conflicts a lot. Others collapse, making them “easy prey.”

A person with diffuse or torn boundaries might alternate between rigidity on the one hand (as they use their muscles, joints, and/or fascia to contain the energy) and being flooded by stimulus on the other hand. In these instances, it can be useful to support the client by educating them about boundary ruptures. This may help to normalize their experience.

Keep in mind that the client may be unaware that his or her boundaries are ruptured until you track his/her response to sensory input from different angles. When the boundary (protective energy bubble) is ruptured in a specific direction, it can set a person up for a cluster of injuries. There may also be, in addition to the boundary rupture, a loss of orienting in a particular direction. This may impair a person's ability to perceive a threat or to respond effectively to a threat.

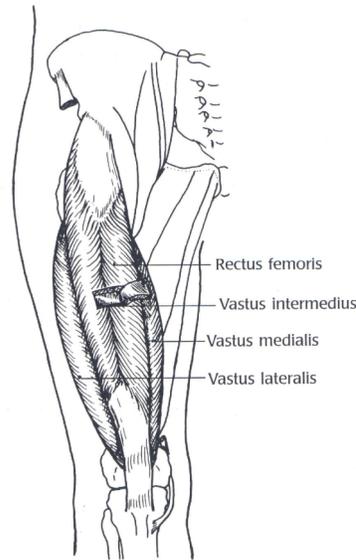
If space provides, you can do this physically by asking the client to stand in one position and then have them sense you in various places (noting if it feels safe or dangerous for you to be standing in a particular position relative to them). It is also possible to simply have them imagine a person to the right or left. Or have them sense the area above them or below them and track the sensation in their body in response to sensing that area around them.

## **Types of Boundaries**

### **The Energy Boundaries of the Client**

Energy bodies interpenetrate the physical body. In trauma, the tendency is to distance one's self from one's physical body. So it is important for clients to sense the impact that you have on their energy body, *in their physical body*. Here are a couple of ways you can help the client to do that.

1. Have them stand across the room. Walk towards them from a distance while they sense in their physical bodies the impact you have on their energy bodies. Have them tell you when to stop and be available for contact after that. Have them sense that you are there – that you have not left them. It is extremely empowering for them to do that and not have you leave as a result. In trauma involving loved ones as perpetrators, people will often lose their boundaries rather than lose contact. So they might either let you get too close, or they may start to feel frightened when you move very far away. Be on the lookout for that. You can have them do this with their eyes open or closed. But keep in mind that the latter may be more activating.
2. If you intentionally bring your energy body close to your physical body as you walk toward them, it might be possible to determine 1) how far their energy comes out; 2) how little it comes out; or 3) whether it comes out at all. Some people are not aware of how far they come out or how deep into their bodies they have taken their energies.
3. You can also walk toward them and then away from them at various angles – e.g., from their backs and from their sides, at a 45 degree angle to them, etc. This will help you to discern on which side or areas of their body their energy boundary is most vulnerable so that you can help, in a titrated manner, to restore these more vulnerable areas. By coming in at various angles, you can also begin to get a better sense of which parts of their body are “available” and which parts are not – which parts of their body can sense the impact you have on them and which parts cannot sense the impact.
4. Have the client sit on the floor. Give them a large rope or piece of string. Tell them that this represents their energy boundary. Once they set their boundary with the string, have them sense the string as their energy boundary. Have them sense what it feels like *in their bodies*, to have that energy boundary. Have them say things like: “This is my energy boundary and you cannot enter it without my permission.” This can be very empowering for the client. Keep in mind that when the client establishes boundaries like this, it may bring up a fear of loss of contact. If this occurs you will have to work with the fear. Keep your energy well bounded as you have them take their boundary down by themselves.
5. The vastus medialis (medial to the vastus intermedius), the vastus intermedius (deep to the rectus femoris) and the rectus femoris (right on top of the vastus intermedius) are the three large anterior thigh muscles that govern energy boundaries.



### **Quadriceps Femoris Group**

These muscles insert below the knee and act to extend the knee joint. They can be mobilized and sensed by straightening the knee. Trying to stand up from the sitting position but not really standing all the way up also activates this group of muscles. If these muscles are hyper tonic they might have to be stretched. But whether hypertonic or flaccid, if the client can sense these muscles they might gain a better grasp of energy boundaries in all realms of life. (Note: The *vastus medialis* is an energy boundary muscle related to sexuality).

### **The Energy Boundaries of the Therapist**

Sensing energy and its boundary is not something we tend to cultivate. But for those of us who work with trauma, it is particularly important. The ability to sense one's energy boundary and the ability to sense, in your body, the impact that another's energy has on you, in turn, gives you the ability to shield yourself from contamination. You can do this solely with your intention or you can actually visualize an energy envelope around you. If another's energy lodges

deeply within us, we might have to do other energy exercises to clear it. If we can detect it quickly, this is less likely to happen.

Following are a couple of ways to cultivate your ability to sense energy and its boundary. Practice these types of things with as many people as possible. It's an excellent and much needed resource to have as a therapist.

1. Have your intent be to send your energy out to a particular line. Then have another person walk toward you (keeping their energy boundary close to their skin). Do not tell them where your line is. See whether they can detect where your line is by having them stop when they sense your energy boundary. Also see whether you can sense their impact on your energy body as they come close to your line.
2. After you set your line, ask them to walk toward you *without* pulling their energy in. When you start to sense their energy, it means that their energy extends from their physical body to that line. To double check, have them stop. Pull your energy in all the way to your skin and then move towards the line. The other person will keep their energy boundary the same as before. That is, they are not doing anything intentionally with their energy. See whether you can sense their energy in your physical body as you approach the line.
3. Sensing the *vastus medialis* and the *vastus intermedius* muscles (as described above) can also be useful as these muscles govern energy boundaries.

If you find yourself constantly “intruded upon,” in an energetic sense, begin to notice: Under what circumstances are you most vulnerable to such intrusions? Are you trying too hard to fix the other person? Do you, for developmental reasons, have an unconscious need to merge with the other? These are just a couple of possibilities.

## **Territorial Boundaries**

Territorial boundaries are more instinctual boundaries – boundaries that have to do with our animal nature – with our reptilian brain. These boundaries are about our habitat. Even as human beings, we have physical territories in our own homes and work places. Territorial boundaries may vary from place to place, from time to time, from person to person.

Our sense of safety in our own territory is often lost in trauma. This is especially likely if the traumatic events happened within the boundaries of our “safe” territory. A child, for example, might be beaten or sexually abused in its own room – the territory which the child considers *its* territory -- territory into which nobody is allowed without permission. A woman might be raped by a stranger in her own bedroom. A man might be robbed at gunpoint in his own house. If an earthquake or some natural disaster might have occurred while the person was in his or her own house. The point, in short, is that, after the event, the individual may no longer perceive *their territory* as safe.

It is important to teach our clients that they need to have a space in their homes that is theirs – a space where no one can enter without their permission -- where they can hang out with safety and comfort. If they do not have one, help them to build one ritually with their favorite objects. You can have them bring to a session a collection of objects that they like. Have them build a territorial boundary with these objects -- like an animal building its lair. Have them sense the safety and security of that space.

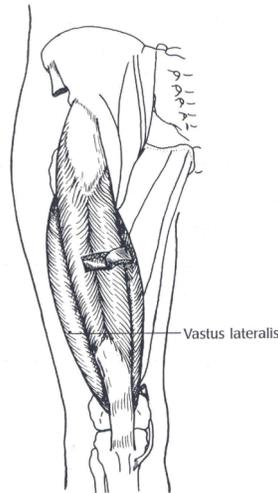
The *rectus femoris* muscle in the quadriceps group (shown above) is related to one’s sense of territorial boundaries. So you can also have the client activate this muscle by straightening the knee and sensing the muscle while doing so.

## **Social Boundaries**

Social boundaries refer to a collective boundary shared by two people in a relationship, or members of a family, community, group, sub-group, culture, or country. It is a field that is created through shared values of one sort or another -- a field that the members can return to, draw upon, and give to. Trauma to one member within a social boundary can be a trauma to other members of the group (even if other members were not directly affected). It weakens or affects all of them in some way.

On the positive side, not every person is affected in the same way by a common trauma. Furthermore, there are more resources available to the traumatized individual in a group context. Therefore, groups and communities can be extremely healing (even if the group is being bombarded from the outside). For example, families that stick together and do things together during a series of earthquakes are not as affected by them. In fact, superordinate threats usually make social boundaries more cohesive.

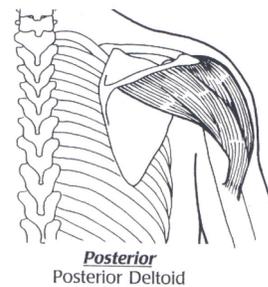
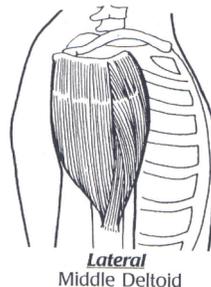
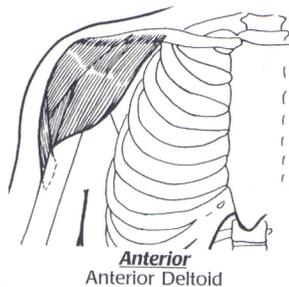
The *vastus lateralis* muscle (a large muscle of the lateral thigh) is connected to one's sense of social boundaries. It is how we sense whether we are a part of a larger group (or a dyad). It is how we sense our connection to a collective entity as opposed to the rest of the world. Like the other quadriceps, this muscle can be mobilized and sensed by straightening the knee. Or, you can have the client begin to stand up from the sitting position but not standing up all the way.



**Quadriceps Femoris Group**

## Personal (Physical Space) Boundaries

This has to do with physical space boundaries -- with our physical bodies in social personal interactions. The deltoid group relates to this boundary. The anterior deltoid has to do with pushing away what we do not want. The medial deltoid has to do with creating space for being oneself or being autonomous. The posterior deltoid has to do with creating space for one's power, will, choice and direction.



Together, these muscles create more physical and energetic space for us. When these muscles are "available," one often senses one's self as larger – physically and energetically. They also make it possible for us to be more ourselves -- more in our own power, less frightened, stronger, safer and more connected to ourselves and to others.

The deltoid group as a whole can be mobilized by taking the hands to the side and having the palms meet each other overhead. The posterior deltoid can be isolated by bringing the arms to the side, to the horizontal plane, bent at the elbows, and then taking them backward with force. That can create a lot of space for being powerful and helping a person to shed responsibility that is not theirs (such as protecting one's mother or father after an abusive situation).