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# A way to heal trauma | Live Well

By: **Jennifer Mulson** Jul 16, 2019 Updated 19 hrs ago



Caption +

Avadhan Larson offers somatic experiencing, which can potentially help people heal from trauma. The healing modality looks like talk therapy from the outside, but doesn't ask the client to relive the traumatic experience repeatedly. (Courtesy Avadhan Larson)

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Somatic experiencing practitioners

Find a practitioner: [traumahealing.org](http://traumahealing.org)

Colorado Springs-based practitioners:

Avadhan Larson, The Center for Well-Being, 937-7722, [larsonwellbeing.com](http://larsonwellbeing.com)

Susanne A. Hays, Pegasus: Healing Trauma, Black Forest, 439-5162, pegasus-healingtrauma.com

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Picture it: You're late to an evening event and decide to take a shortcut down an alley. Nobody's around. A mugger steps out of the darkness and demands you hand over your purse or wallet. Without a second thought, you turn around and hightail it out of there.

Or did it go like this? Instead of running away, you froze. You couldn't move a muscle, and the mugger stripped you of your belongings and took off.

Or maybe it went more like this? When the mugger demanded your money, you decided to attack and pummel him to a pulp.

Fight, flight or freeze. These are the unconscious responses of our autonomic nervous system, the part that operates the internal organs without any conscious thought or effort, when threatened. The bad news? You don't get to decide which one your brain will choose when a threat appears, which will arrive at some point in life and can wear many faces: car accident, natural disaster, childhood abuse, shooting at the workplace, rape.

"All of those automatic responses are designed to be time-limited," said Avadhan Larson, a certified somatic experiencing practitioner and craniosacral therapy provider. "For example, a mugger approaches, and our autonomic nervous system goes into high gear and chooses run. Once we run and it's over and we're safe, it's designed to come back down into nervous system balance."

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Trauma can be defined as any unresolved autonomic nervous system response. It's about the nervous system's response to an event, not necessarily the event itself. Events can affect each of us very differently. One person might have a bad car accident and not experience any trauma, while another might have a fender bender and still experience trauma symptoms years later.

“What can make people susceptible to trauma is a previous history of trauma that has been unresolved,” said Larson. “It’s not the only thing, but one of the main things we see over and over. Traumas tend to stack on one another. And just like any other compensation pattern, we can compensate until we can’t.”

When the trauma response doesn’t get completed, such as in one’s inability to escape or fight back during childhood abuse, there is no return to autonomic nervous system balance. That creates a perfect storm for symptoms of trauma to emerge, such as pain, anxiety, disturbances of appetite, sleep and sexuality, and easy reactivity to sights, sounds, smells, tastes and whatever reminds us of the trauma. Post-traumatic stress disorder is characterized by a strong set of trauma symptoms that become life-altering.

Peter Levine, a clinical psychologist and author of the 1997 book “Waking the Tiger: Healing Trauma,” discovered the missing piece to trauma was the completion, or lack thereof, of the survival response. Many people stay stuck in automatic survival responses and can stay stuck for years. Levine discovered a way to help them gently complete the trauma response, and he dubbed it somatic experiencing. It helps complete the survival response, even if the trauma happened years ago, which returns the autonomic nervous system to balance and clears the symptoms.

“It’s a very gentle form of renegotiating trauma and resolving trauma in the body,” said Larson, who’s been practicing the healing modality for 19 years. She first discovered somatic experiencing as a way to heal from early childhood sexual abuse and an alcoholic father who was verbally and emotionally abusive. “It’s based on the idea that our bodies know perfectly well how to heal from trauma if given the right support.”

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Sue Bell was in an accident this year after taking a left turn but later couldn’t remember taking that turn. It was a sign to her that something was off.

“It was telling me my arousal level was super high if I don’t remember that,” said Bell, a former licensed counselor who also completed the three-year somatic experiencing training more than 15 years ago. “I thought, ‘I need to do work around

this.’ It was clearly stressful for me.”

She knew from her training that people who walk away from car accidents believing they’re fine tend to have the most trauma. Bell also didn’t want to enter a cycle of arousal every time she approached the same intersection and made the same turn, which is near her home.

“If there was an accident or event, people like to shut it off and say they’re fine,” said Bell, “but it would be helpful to go in and do some work. Go in and release it, rather than create a tension pattern in the body or an avoidant response, like avoiding the situation or you get triggered every time you take that left turn, and you can’t breathe.”

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So what does a session look like? To an outside observer, it would look a lot like talk therapy, Larson said, with the practitioner and patient sitting and quietly talking. But it’s not. Talk therapy can only help resolve trauma to a point, and it might even worsen it, as talking about and reliving the trauma can reinforce its neural pathways in the brain, making the memory stronger.

In a session, the practitioner and patient sit and talk about the trauma long enough for the patient to start feeling an increase in tension, anxiety or whatever their symptoms might be. They then stop talking and go to that sensation and track it, with Larson asking questions about how it feels and what it’s like to be with the sensation. The practitioner and patient track it together, because relationship with another person is often a huge missing chunk of the trauma.

“As humans, we are wired to be in connection with other people, and trauma usually breaks that connection,” she said. “That felt sense of connection. Relationships might still be there, but the traumatized person loses connection with that relationship. We feel alone, isolated.”

When Larson notices sensations becoming overwhelming, she shifts the session to something more stabilizing or pleasurable, a positive memory or sensation. That allows for the difficult sensation to settle before returning to it.

“We’ll come back to the sensation and work with another piece of it,” said Larson. “It’s not a cognitive process. Within two or three sessions, slowly and gently and without a lot of activation on your part, it’s generally a pleasurable experience; your autonomic nervous system is able to come back to balance. That’s what it does if given the chance. This therapy is based on your body knowing how to heal if given the resources and the chance.”

Larson, a longtime certified craniosacral therapist, will incorporate craniosacral work into a session if she and her client determine it might be useful.

Craniosacral therapy involves gentle holding of the skull and sacrum with subtle manipulations, which practitioners believe affect the cerebrospinal fluid that surrounds and cushions the brain and spinal cord.

But in their own study and summaries of previous research, two medical researchers found “the proposed mechanism for cranial osteopathy is invalid and that interexaminer (and, therefore, diagnostic) reliability is approximately zero.”

“Since no properly randomized, blinded, and placebo-controlled outcome studies have been published, we conclude that cranial osteopathy should be removed from curricula of colleges of osteopathic medicine and from osteopathic licensing examinations,” wrote the University of New England’s Steve E. Hartman, Ph.D., in the Department of Anatomy, and James M. Norton, Ph.D., in the Department of Physiology, College of Osteopathic Medicine.

Their findings were published in *The Scientific Review of Alternative Medicine* in the winter of 2002.

And in 2016, in an article for the National Institutes for Health, four scientific researchers wrote: “Our results demonstrate, consistently with those of previous reviews, that methodologically strong evidence on the reliability of diagnostic procedures and the efficacy of techniques and therapeutic strategies in cranial osteopathy is almost non-existent. ... the diagnostic procedures used in cranial osteopathy are unreliable in many ways.”

But Bell said three or four sessions of both therapies — somatic and craniosacral — did the trick. After entering a session feeling tense and with heightened arousal from the car accident, she felt as if she could fall asleep toward the end. There's no definitive answer to how many sessions a person will need to work through the trauma and any past traumas the work might bring up.

“People respond to a variety of things, and here's one more tool for people who are suffering from trauma and don't recognize it as a trauma and they don't have to be (suffering),” said Bell. “It can domino into depression and into all sorts of things. You can often trace it back in time to some sort of trauma, whether from childhood or some event or a variety of things. I like it very much as a body of work. I feel it's highly attuned.”

Sometimes the practitioner doesn't even listen to the patient's whole story, especially if it's someone with PTSD, who will get severely activated by telling the whole story. Instead, the duo will work with little pieces of the story. That would seem to take longer, but it actually takes less time.

“It's the most direct pathway to resolution,” said Larson. “Rarely is somatic experiencing long-term therapy. It's designed to be short-term therapy. It will vary from person to person. If there's a huge series of traumas, it could be 20 to 30 sessions. If it's one car accident, it could be five sessions. We're always going for completion and resolution.

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