Tracking Autonomic Discharge in SE Sessions

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Sustained high autonomic arousal in the body after a traumatic event often contributes to the persistence of traumatic symptoms in the body. In this brief note, simple techniques for tracking such arousal down are explored. The autonomic nervous system (ANS) is essentially an involuntary nervous system. Persistent high arousal in the ANS over a prolonged period of time can be pathological to the function of the brain and body in many ways. Therefore, it appears that the brain and body have involuntary mechanisms, especially in the lower brain and body centers, to down-regulate persistent high arousal in the ANS when it is sensed as a problem. However, at times, the best that our involuntary systems can do is not good enough to get the job done. In those instances, when the involuntary mechanisms are ineffective, despite their best efforts, due to overwhelm, assistance and understanding from the higher brain centers can help and support the lower brain centers and body to return to self-regulation and health. In the case of the ANS, this process can often be deceptively simple, and help resolve not only short-term but also long-term traumatic symptoms due to high arousal.

If an individual suffers from symptoms of high arousal, then the signs of ANS discharge can predictably be found in sensations of heat, cold, tingling, shaking, trembling, flow, vibration, buzzing, jitteriness, and electricity, especially in the extremities -- the arms, the legs, and the head and neck areas. The high arousal in the body can be tracked with language such as charged, electrified,

and caffeinated. Because the energy for flight or fight is mobilized mostly in the skeletal muscles of the extremities, it makes sense to look for signs of high arousal and its discharge in the extremities. An individual with high ANS arousal can be educated to become aware of and support the tendency for inherent involuntary discharge of high arousal through the extremities in the form of the above sensations to help lower the high arousal in the system.

It is important to note right away that the conscious use of the involuntary discharge mechanism as described above is only a means to an end, to lower arousal in the body to the extent where the involuntary systems of self-regulation can take over and do the rest in order to bring the body down from high arousal, and more importantly, from whatever other symptoms and disregulation that the brain and body cannot resolve in the face of persistent high arousal. So, it is important to educate the client to ensure that all of his or her awareness does not get completely absorbed by the discharge process as an end in itself. This can be ensured by educating the client to track other changes that start to occur in the rest of the body as the result of discharge in the direction of increased self-regulation, such as spontaneous desconstriction of constricted tissue, regulation of irregular heart beat or breathing, and lowering of fear and arousal in areas other than the extremities, such as the visceral and central nervous system areas. Once this can be observed and supported with awareness, it can be said that the system has started to pendulate away from the trauma vortex towards the healing vortex. And, if the system and the client's awareness do not naturally move in the direction of the integration, organization, and stablilization phases of

the SE process (please see ‘the SE process’ section of this paper for definition of these terms), the client’s awareness can be guided toward those processes for the completion of a cycle of healing in the SE process.

At times, engaging the trauma narrative or symptom narrative of a client with a high arousal-based symptom is enough to bring up the high arousal and the accompanying self-regulatory discharge, if one knows how to educate and guide the client’s awareness toward signs of discharge. At times, it is not sufficient to facilitate and observe ANS discharge through the extremities. Touch and/or movement of the extremities, the head and neck areas, the legs, and the arms, can help to facilitate it further. At times, the inhibition is higher up in the nervous system and the body, in the viscera or the central nervous system. In such cases, the viscera and/or central nervous system has to be worked with first to some extent, through awareness, touch, and/or movement, to help open those areas before the discharge through the extremities can be observed and/or facilitated. Usually, the earlier the trauma in the life of the individual, or the more severe the trauma, the more likely it is that muscular and neural inhibition blocks discharge into and through the extremities from the deeper structures of the viscera and the central nervous system.

ANS discharge does not happen only through the extremities, but the extremities are often the most natural places to look for signs of involuntary discharge in a system that is overwhelmed. The usual signs of discharge mentioned above can be observed in other areas of the body as well. Nor are arousal and discharge limited only to the autonomic nervous system. In severe

trauma, especially from very early in the life of an individual, there can be a tendency for global high arousal of the central nervous system, with similar signs of discharge throughout the brain and spinal cord (the central nervous system), the ANS, and the body. A common sign of deep visceral discharge is intense and sustained heat that can start in the viscera and spread throughout the body.

In general, it is good to educate and establish in the client's awareness the need to track and facilitate discharge from the outside in. That is, it is good to first open up the extremities before opening up the viscera, and it is good to open up the viscera before opening up the central nervous system. Even when the deeper levels of the organism -- the central nervous system or the viscera -- need opening up first before discharge can be facilitated through the extremities, it is important to do so only to the extent necessary, and then immediately ensure, by shifting one's focus, that the downstream channels of the extremities are open before proceeding to facilitate further opening of the deeper structures of the central nervous system and the viscera. In facilitating discharge to reduce overall arousal in the system, one might have to move back and forth among the three systems of the extremities, the viscera, and the central nervous system, always making sure that the arousal released has enough room to flow out through the downstream systems in order to reduce the likelihood of negative therapeutic outcomes.

In observing the inherent discharge processes clinically over thousands of individual sessions, it appears that certain generalizations can be made regarding the existence of certain predictable discharge pathways in the human

body. The legs discharge the abdominal area, the arms discharge the chest area as well as the head, neck, and shoulder area, and the head, neck, and shoulder area also discharges the chest area. These discharge pathways are found by most clients to be intuitively accurate once they are educated about them. A traumatized client with a symptom in the viscera or central nervous system is usually focused in his or her awareness on the area of the symptom. This reduced awareness on the part of the client does not provide enough support to processes away from the area of the symptoms, where self-regulatory processes such as discharge are or could be naturally occurring to help reduce the symptom. Therefore, in general, except in cases where deep work is being facilitated in a client in a particular area as an end-game intervention, it is usually helpful to have clients track not only the area of the symptoms that they are habituated to tracking when they are symptomatic, like a deer in the headlights, but also to maintain awareness on the whole body and what is happening in the rest of the organism.

Knowledge of the specific pathways of discharge described above can be helpful in diagnosing the specific channels that need to be opened to work efficiently with a symptom in an area of the body, or in determining which area of the body needs to be worked with first in order to efficiently facilitate discharge down a certain pathway. For example, abdominal symptoms are usually worked with efficiently by opening up and facilitating discharge through the legs. Conversely, if working first with the legs does not lead to discharge there, in the case of high arousal symptoms, the first area that needs to be worked with to

ensure that there is no inhibition there is the abdomen or the abdominal viscera. Only when that does not lead to the desired outcome should one move to the chest or thoracic viscera, and then to the central nervous system, if work with the chest also does not lead to the desired outcome.

It is again important to remember that discharge and tracking the discharge mechanism are not ends in and of themselves, but are rather means to reduce troublesome high arousal in the system to a manageable level, either to reduce symptoms or to allow enough breathing space for body and brain systems to regulate themselves back to health from disregulation caused by high arousal. If the signs of discharge mentioned above are repetitive, cycling, and never-ending, they are likely to be signs of disregulation of the body and brain, rather than tendencies towards health and self-regulation, even though they might have started out as such. In these cases, it is often helpful to use awareness, touch, and/or movement to contain such habitual tendencies and help direct the process toward the emergence of new options to resolve the underlying activation. At times, this can mean educating the client to broaden his or her awareness to more than just discharge phenomena, as described earlier. At other times, it can mean finding different possibilities for discharge. For example, for a client who discharges only through the right leg, helping that client to broaden his or her awareness and facilitate discharge through other parts of the body, including the left leg, might be the way out of the fixation and repetition. For someone who only shakes violently with no end in sight, it might be helpful to ask the client to track more subtle signs of discharge, such as heat and tingling. It

is important to remember that ultimately we are interested in facilitating self-regulation, so that the person can sleep through an anxious dream without waking up, and excess arousal can discharge naturally and not have to wake the person up every time to consciously facilitate discharge.

If, despite all these measures, the client is repeatedly discharging in habitual subtle or gross ways, then it is possible that the discharge is defensive in nature against some intolerable experience in the body, or in other elements of experience such as meaning, feeling, memory, or behavior -- for example, a person always prone to tears when angry. Then, the focus needs to be shifted away from the discharge process and guided to the work with the element of experience being defended against.

Ultimately, the goal of SE is to help clients be able to build as much charge as possible, maintain that charge as long as it is needed, and be able to discharge it when it is no longer necessary, without becoming symptomaticor getting into overcoupling and undercoupling dynamics. Care should be taken to ensure that clients do not confuse non-traumatic charge or potency of the fluid body with traumatic charge in the nervous system, as many traumatized clients are prone to. This confusion can lead clients to start to engage the discharge mechanisms as soon as a good charge starts to build in the nervous system, or when they sense the potency build within their fluid body. This can prevent the client from accessing and healing deep states of trauma that are state-dependent on higher levels of arousal in the nervous system and also from building a greater capacity in their bodies for energies needed for life.

I have noticed that most clients are easily able to learn to track the discharge mechanisms in their bodies to resolve their symptoms. What I have found to be even more miraculous is the extent to which a system, once it is guided though the process a few times, is able to remember it on its own, which involuntarily and/or unconsciously speaks to the resilience of self-regulation, even when it has been off track for a long time in a human being.

As a final point, it is important to remember once again that not all trauma symptoms are driven by high arousal requiring discharge but most appear to do.