

# The importance of having a map

## Differentiation of degrees of trauma- and stress- reactions – and reflections on methodology

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In the landscape of trauma we encounter the most potent states that we, as human beings, hold in our repertoire.

A trauma can be defined by the intensity of reactions released in the situation – not by the type of event a person is exposed to (Gabor Maté, 2021). In my view this is a wise distinction; different people may react very differently to the same type of event. Some are highly traumatized by a bicycle accident, by getting fired or lost in the woods, by being abandoned by a partner, etc., while others navigate these events without becoming stuck within instinctual responses to a potent event. The event, in and of itself, does not predict whether a person will be traumatized. Rather, this outcome is dependent on how we handle and relate to the survival reactions triggered in the situation, and even more on our level of access to getting these states regulated in the “landing” phase following the event.

A key aspect of trauma therapy then becomes getting to know the states triggered in a potent life event – and recognizing that regulation of these states is possible. We can say “Hello” to our fight rage, flight impulse, collapse, protective reflex, etc. – and learn that the body is able to remain present while we feel these states – and that it is possible to do this while in contact with one or more people. These experiences pave the way for acceptance and regulation of these states – and thereby for healing trauma.

### **Anonymized elements from a client case** (excerpt approved by the client):

In a loud voice, words coming quickly, Susan shares how one of her few close contacts decided to relocate to another part of the country. Susan is highly anxious about this shift in the relationship. She is triggered into early childhood experiences of loss of contact and without access to mutual regulation of the states awakened within. Susan’s use of language is distancing, accusatory, and offers very little in terms of naming what is going on in herself. I ask how high her arousal is. On a scale from 1-10, Susan puts herself at a 9, and I affirm that this is my experience as well.

Contact here and now between us and Susan’s contact with her own body decreases her arousal sufficiently for us to be able to start naming and exploring which survival reactions she is in contact with. Closest to the surface lies a fight impulse, she is furious, she wants to fight, and just underneath that lies intense anxiety. Both states contain a degree of arousal where she is on the edge of chaos or disorganization. At this stage, we don’t do anything in relation to the states – other than naming them, orienting ourselves to them, making space to acknowledge that they exist in order to establish a relationship to them, rather than being fully identified with them.

By giving attention to the body, Susan is capable of recognizing how her fight and flight impulses predominantly reside in her upper body.

Her lower body, legs and core are characterized by passivity and giving up. This observation brings recognition of a collapse or hypo-arousal underneath the fight and flight impulses. Again, it is the contact here and now between us and Susan's contact with her body that supports awareness and ownership of the collapse.

We sit together on the edge of these survival-reactions – rage, panic fear and collapse. We orient ourselves and reach a clearer understanding of which survival reactions Susan is challenged by. This process in and of itself holds an aspect of healing – it becomes possible to stay present while being close to the states without being flooded by them. At the same time, the process opens to the possibility of deciding which of the states feels more urgent to focus on, or if it is more important to hold space for all of them - both the sympathetic and the parasympathetic states.

This case excerpt highlights the benefits of having a map of the survival reactions we may encounter as we travel in the trauma landscape – and of being able to adapt the trauma therapeutic method to the client's arousal level.

This case description is compressed and simplified. The client has many skills, she has been in trauma therapy over many years and is trained both in body self-regulation and participation in mutual regulation. For a client less trained the process would be longer.

Before further reflecting on this case, what follows here is an overview of survival reactions:

### **Survival reactions**

Different trauma therapeutic traditions list survival reactions differently. Most of us are familiar with the standard: fight, flight, and freeze. In my data-collection and working with trauma therapy, this list has been expanded.

In the 1980s and 90s, I worked at Bodydynamic Institute developing trauma therapy, inspired by Peter Levine among others. From 2003 until today, I have worked independently and in collaboration with Kolbjørn Vårdal on developing a trauma therapeutic method with a dual focus on sympathetic and parasympathetic survival reactions. Throughout, it has been key to expand the list of survival reactions to include all of the various phenomena we encounter in psychotherapy when working with trauma. The result of this expansion is the following list which differentiates between different survival-reactions, some of them primarily sympathetic and others primarily parasympathetic:

Startle reflex, orientation reflex, flight reflex, fight reflex, protection reflex, attachment cry, vomiting reflex, survival mode dominant and submissive behavior, freeze/paralysis, separation scream, collapse/hypo-arousal, disorganized dissolving, disorganized acting out.

(For a fuller description of the list please go to Brantbjerg, 2014 – and also read the later paragraph about 3 degrees of stress).

### **How can we benefit from such a list of survival reactions?**

Naming and differentiating each of these survival reactions invites them into our language, offering an opportunity to communicate about them openly, to normalize these phenomena as universal, and to include them in reactions to be expected under extreme stress.

Survival reactions that are not regulated, often remain dissociated or hidden – specifically because these states are experienced as not welcome, not acceptable, shameful. They can be hidden in isolation and/or dissociation, consciously or subconsciously.

Naming survival reactions can help us break these patterns of isolation. We may assign differing values to the different survival reactions, some easier to appreciate than others. If posing too big a threat to our self-image, some may be pushed entirely outside of our consciousness.

A list of survival reactions can help us approach them with a sense of curiosity, how we relate to each of them – and how they interact within the trauma patterns. It becomes a way to detect nuances in our trauma patterns. As trauma therapists it is fruitful to reflect on which method is more suitable and adequate depending on the stress level the client is in.

### **3 degrees of stress**

Survival reactions can be divided into 3 degrees of stress. This differentiation is originally inspired by Flemming Kæreby (Kæreby, 2010), and has since been developed further within Relational Trauma Therapy by Kolbjørn Vårdal and myself.

In 1<sup>st</sup> degree stress we find the startle reflex and the orientation reflex. Something unexpected or alarming happens, we freeze for a brief moment, and we orient ourselves. What did I hear, see or sense?

In 2<sup>nd</sup> degree stress we find all the active survival reactions governed by the sympathetic nervous system – also called hyper-arousal. When we sense that something is in fact dangerous, or we believe that it is, we can fight, flee, protect someone, call out, expel something poisonous by vomiting, or become dominant or submissive to cope relationally. All these reactions have a linear purpose – they contain physical impulses that are directional. This also includes freeze/paralysis, where the sympathetic impulses to act are present underneath the parasympathetic immobility.

In 3<sup>rd</sup> degree stress we find collapse/hypo-arousal and disorganization. We can let go of active life, hibernate, fall into an inner abyss – we can scream ourselves out of contact in a separation scream – we can disorganize, by letting the organized self slip away and thereby enter states characterized by chaotic dissolution or chaotic acting out. These reactions are not linear – they do not contain directional bodily impulses. In fact, this is precisely the linearity we abandon in 3<sup>rd</sup> degree stress as a way to survive in situations where we are unable to successfully impact the situation through action or relational positioning.

### **Back to the case**

Susan's childhood was impacted by contact with a psychologically unstable and hateful mother which left Susan without access to mutual regulation of her emotional states. Through many years of psychotherapeutic process she has developed skills to self-regulate and mutually regulate with others – but when life presents her with an unforeseen loss of steady contact with a close friend, reactions rooted in her early childhood are triggered. The prospect of losing access to contact is perceived as life threatening. Susan forgets her skills, she loses orientation in the present and is flooded by survival reactions. She taps into the trauma patterns that were developed through contact with her mother.

The survival reactions that emerged during our session showed signs of 3<sup>rd</sup> degree stress. The arousal level was high both in anger and anxiety, and Susan herself identified it as a 9 on a scale from 1-10, the states appearing close to chaotic acting out. During our session I asked Susan if the states felt chaotic, disorganized, to which her response was “Yes”. My hypothesis fit her response; it was difficult to get through to her, she didn’t register what I said to her – it felt to me like she was speeding on the freeway, close to losing control of the steering wheel.

The state of collapse which was identified later during the session is also a 3<sup>rd</sup> degree stress state. Susan felt a profound giving up, despair, a sense of loss and loss of orientation. There was no sign of this being a freeze reaction with an underlying readiness to flee or fight. On the contrary, there were signs of her sensing a risk of slipping away, out of contact with herself and with me.

Trauma therapeutic work with 2<sup>nd</sup> degree states is different from trauma therapeutic work with 3<sup>rd</sup> degree states. In 2<sup>nd</sup> degree stress we are dealing with states that are linear and directional. Once these states become accessible, it is possible to explore them bodily, explore the movement impulses embedded in the states, such as impulses to run, hit, yell, vomit, protect someone etc. Several body focused trauma therapeutic traditions have described methods with the potential to support release or completion of such impulses that were not completed within the event itself. (Jørgensen, 1993; Levine, 2010). In my experience, a life affirming and meaningful approach.

In dealing with 3<sup>rd</sup> degree stress however, such an approach, in my experience is not fruitful. A state characterized by chaos, dissolution or collapse does not contain linear impulses that can be completed. If there are impulses, they are chaotic, they point in all directions at once – like an explosion or implosion. In my experience what does work in dealing with 3<sup>rd</sup> degree stress states is bringing awareness to and normalizing the states, establishing a relationship to them – together with someone. For this to be successful, a boundary needs to be established between a here-and-now presence and the disorganized or collapsed state.

This is what happened in the session between Susan and me. By scoring the state of arousal we developed an awareness of which stress level we were dealing with. The client was an active participant in this process, which supported her ability to orient herself. As we focused on orienting towards the contact between us, here and now, and sensing the body, a boundary to the disorganized states started emerging. Allegorically, it became possible to sit together on the edge of the abyss and name the states in the abyss – rage, panic, and collapse – but not be fully identified with them.

For Susan, it was critical that the collapse came into awareness and was included. Collapse is a survival reaction with which she – like many others – struggle more to integrate into her self-image than the active outgoing survival-reactions. In our session she was supported in becoming aware of and relating to the collapse instead of fighting it. That process, in turn, made space for more calmness and grounding – thus increasing her grounding in the reality of the present.

### **What supports the therapist?**

For me as a therapist, the method described above is strongly supported by my having a map of survival reactions, including differentiating between the 3 degrees of stress. I am familiar with all the reactions in myself, I encounter them in others, I acknowledge their existence, and how they all are natural responses to extreme impact. This knowledge supports me in forming hypotheses about which states are being expressed by a client or are emerging. And it supports me in feeling and understanding how the states impact me, it supports me in being in resonance with the client in experiencing and exploring these states, and being willing and available to participate in mutual regulation.

The therapist's knowledge of survival reactions is critical to the success of trauma therapeutic work. Our understanding of the reactions, both theoretically and experientially, equips us to orient ourselves, to know the task at hand and to be with the client in these states and support natural regulation – instead of trying to get the client out of them.

For it to be successful we must acknowledge our own capacity. We may not be ready to mutually regulate with a client, if our own survival reactions have not been experienced as being properly met in ourselves. The strategy is to use the list of survival reactions to orient ourselves to what we are faced with and on this basis, assess whether it feels ok to remain in contact with the client – or whether it feels better to refer to another therapist with more training or experience in meeting survival reactions in general – or specific survival-reactions.

The differentiation between 3 degrees of stress helps me determine which methodology to use. In my contact with Susan, it quickly became clear that her level of arousal was very high in the beginning of our session. This became my cue to ask her to score her arousal level; by involving the client in creating awareness around the states she was experiencing, her orientation in the here and now was supported.

Once we established a mutual understanding and acknowledgement of her experience being close to 3<sup>rd</sup> degree stress, I started guiding her to access the skills I know she has: Sensing the contact between us and sensing her own body. I suggested that she externalize the disorganized states and the collapse – imagining how she can move them outside of her body, looking at them together with me, naming them. This method is developed specifically to address 3<sup>rd</sup> degree stress states. The intention behind externalization is to support building a relationship to the states and to break the identification with them. “It is a state – it is not you” – is a statement and distinction which often support establishing the necessary boundary.

The client in this session had previously completed trauma therapeutic courses and was able to recognize the difference between 2<sup>nd</sup> and 3<sup>rd</sup> degree stress states, and together we have used the terminology as a useful framework in our therapy sessions.

When working with clients who don't have this insight, I include psycho-education in the trauma therapeutic method. I communicate the terminology of the 3 degrees of stress along with the methods which, in my experience, are useful for the stress level that presents itself. I also communicate the list of survival reactions, or parts of it. These maps support normalization and inclusion. All reactions are ok; they are part of our survival intelligence; they are normal reactions to extreme impact.

### **What was the outcome of establishing a relationship to the 3<sup>rd</sup> degree stress states?**

In the session with Susan, naming and establishing a relationship to the 3<sup>rd</sup> degree stress states, led to a significant reduction of her arousal level. She realized how the powerful reactions belong in her past and not the present. Observing and getting to know the states instead of identifying with them signifies a shift to the part of us that is capable of looking at ourselves with kindness and curiosity. The starting point of this shift lies in the ability to name the states with precision and to place them in the context they were created in – in this case in the contact between Susan and her mother.

From this more resourceful vantage point we could focus on the present situation. Susan was able to sense and share both deep sadness and frustration around the situation, and we were able to explore possible choices for her in this relationship that really matter to her.

This process was made possible by the 3<sup>rd</sup> degree stress reactions not being in the foreground any longer, but having been named, accepted and differentiated.

## **Types of trauma**

Trauma can be triggered by many different life events. In Susan's case, her trauma states fall within the category of relational trauma and more precisely, "attachment trauma". In attachment trauma, trauma occurs in contact with attachment figures.

Relational trauma is a broader phenomenon covering trauma happening in all sorts of interpersonal relationships – in the workplace, schools, peer groups, extended families, military etc., etc..

Danger trauma is not relational – instead it is about life and death – all kinds of potentially life-threatening events, traffic accidents, falling, natural disasters, getting lost - along with many others.

The survival reactions presented during the session with Susan are typical for attachment trauma. We are – particularly as young children – dependent on our attachment figures – we cannot survive without contact and care. This precondition often means that 2<sup>nd</sup> degree stress reactions are inadequate as a tool to solve the stressful dynamic for us. We are unable to flee, we are unable to call out for someone, if the person we are calling out for is the one threatening us. This pushes us into 3<sup>rd</sup> degree survival reactions instead.

In working with danger trauma, 2<sup>nd</sup> degree stress reactions are usually available. We can work with releasing the flight impulse, fight impulse, cry for help etc. And in the process, we can be open to the possibility that chaotic states or collapse can emerge in the contact field.

A trauma has two phases – what happens during the actual event, and what happens after, in the landing, where it is important for both the person herself and contact/support persons to participate in mutual regulation. Whatever previous experience we have or don't have with accessing mutual regulation will impact how the trauma is processed – and may in some cases awaken states belonging to attachment trauma.

Knowing the differences between 3 degrees of stress reactions can support us both as therapists and as clients to choose a method suitable for matching the stress level the client is presenting – and it can help us to switch methods, if the one we chose doesn't seem to have the intended effect. A nuanced map of trauma states will increase the probability of recognizing the flaws in our map – which in turn will help us include the client's experience.

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