

## Working with Hypo-Arousal and the Freeze Response

Peter Levine developed a theory that trauma is the energy trapped in the body when attempts to escape from trauma are unsuccessful and the freeze response occurs. When children are traumatized they have few resources to cope or escape so they tend to freeze or dissociate. This is a way of escaping from pain when no escape is possible. Ways of coping used at earliest times of trauma become habitual ways of coping until new ways are learned.

Levine talks about trauma as “the often debilitating symptoms which many people suffer in the aftermath of perceived life threatening or overwhelming experiences.” He argues that people, especially children, can be overwhelmed by “common” everyday events and that a “series of seemingly minor mishaps can have a damaging effect on a person.”... “trauma is about loss of connection – to ourselves, to our bodies, to our families, to others and to the world around us”. Peter Levine, *Healing Trauma* (2005)

The freeze response and hypo-arousal may be more common in our clients than we are aware of. The learned helplessness theory of the cause of depression, particularly in women, suggests to me that learned helplessness is maybe just another name for traumatising. Carefully exploring the clients' histories for avoidant or disorganized attachment and other indications of trauma can be very revealing.

**Hypo-arousal** can look very much like depression. The client expresses little emotion, has very low energy, flat affect, sits with shoulders stooped and has little or no enthusiasm or motivation. It can be an almost perpetual state of being for those who developed avoidant attachment as infants. Getting these clients to experiment with different postures, walking in session instead of sitting, drawing instead of talking, reaching out instead of withdrawing and recognising times out of session where choosing to activate themselves may empower them and enhance their lives. If their way of being is a trauma response, working with the trauma, rather than treating for depression will be more effective. Identification of trauma and its impacts will bring hope and understanding.

**Freeze:** If a client begins to not interact in session, sits in a non-verbal state of withdrawal, disinterest and non-interaction, consider the possibility that they are stuck in a freeze (a form of dissociation) rather than assuming that they are being resistant or rude or difficult. Ask if they are able to talk? If not, they may need to respond by nodding or shaking their heads. If a client is in a freeze they will be “stuck” in their right brain. To learn to get out of a freeze, they must get their verbal, thinking, left brain working. Ask them to look around the room and name the colors, count the windows or chairs, find an object starting with A, then B, then C, hold and describe an object, count backwards from ten to one or try any other activities which you can think of that involve the use of words and thought about the now environment. Once they are speaking again, walking around can help them to move further out of the freeze state. It can be a real relief for clients to have the freeze response identified and then be taught how to get out of the freeze response. It is likely that sessions are not the only place they go into a freeze.

Explore what may have triggered the freeze. Going into a freeze state in session is an indication that something is pushing the client outside of their window of tolerance. Normal life activities can be triggering. There could be a trigger in the room, the therapist, the therapeutic relationship, the therapy work being planned, the physical distance between the client and therapist, just being in a therapy session, or in some other stimuli. Exploring the ‘felt sense’ or any sensations, images, behavioral impulses, affect and possible meanings (SIBAM) which come to mind can be helpful in tracking down possible triggers.

– Meryl Lee