Somatic Resourcing Strategies

The following selected illustrated practices derived from Bodynamics support resilience and self-regulation through containment and present-time orientation in times that are activating or unsettling. I have added in additional commentary drawing from Somatic Experiencing® and the polyvagal theory to elaborate and support integration of some of these ideas.

CONTAINMENT

Iliotibial Tract Hold
The iliotibial tract (also known as the IT band) is a thick band of connective tissue that extends from the pelvis and hip area to the tibia and knee, along the outside of the leg. It provides a sense of social balance, in terms of pulling oneself together and also letting go, and allows us to manage our emotional energy through self-containment. Bringing intentional attention to the outer edges of our physical container can provide a settling effect when we are feeling panic, have lost a sense of our own boundaries, or are hyperventilating. This particular practice shifts anxious energy from the head and upper body and provides an embodied felt sense of our body as a container, which helps us to feel centered in our core (the abdominal cavity is a much larger space and offers more “breathing room” to be with difficult emotions than when they are up in the head). It also allows the rest of the body, in particular the limbs, to become a conduit for stuck activation, allowing that energy to move down towards the feet.

Version 1:
- Place your hands on the outsides of your lower thighs or knees, and have your feet and knees shoulder-width apart. Lean forward on your legs as you are doing this.
- Keeping your knees in place, press outwards into your hands, as your hands provide resistance against the pressure from your legs (while keeping the hands in place). This will create a sense of dynamic tension.
- Hold this position for a little while.
- The most important part of the practice: Relax slowly to a count of 10 (“one locomotive, two locomotive, three locomotive...”), gradually releasing the tension/resistance from your hands, arms and legs. If you like, lengthen your exhalations as well as you let go.
- When finished, sit upright and notice what is different.

Version 2:
- Follow the same instructions as above, only without crossing your arms.

Other Options:
- Place your feet on the inside of each chair leg, and press out with your knees. The chair legs will provide the resistance that your hands did in the other versions. This frees up your hands for other things, and can be done more discreetly (like when in a meeting or another social setting).
- When standing, with your feet flat on the floor, push outwards from your knees to your hips.
- When lying down, cross your ankles and then push outwards from your knees to your hips.
Lower Side Ribcage Expansion
At times, when we feel a surge of emotion rising up, we might sense a knot in our chest and a tightening in our throat as our body contracts around our feelings. Emotions like anxiety feel like they “get stuck” in the upper chest, and there can be a sense that things are too painful or overwhelming. This can especially be the case if we tend to become submerged in or blend with our internal experience, and lose a sense of having a grounded adult witness or access to our core Self in the present moment. Unconsciously, we might forget that we now have a much larger, grown-up body that can hold our internal experience, and instinctually respond as though our physical container was much smaller when feelings were much more overwhelming to our less developed nervous system. Our container contracts to hold things in, which gives the impression that the pain or discomfort will never end, or that we won’t be able to handle it: a somatic re-enactment of what we may have felt when we were younger. As a result, emotions and sensations become blocked and don’t move through our system as they were meant to.

Instructions:
• Take a deep breath in, breathing into your lower side ribs so that they expand outward. Then, use your muscles to keep your ribcage open. You can continue to breathe if you like (or if you are able) while holding your ribcage in this wider position.
• After a few moments of holding your ribcage open, slowly allow your ribcage to relax as you exhale. Take all the time you need to do this.
• Allow your breath to come in normally and notice what shifts as you pay attention.
• If you like, at the same time, isometrically activate the adductor muscles (inside the thighs), and then very slowly let those go as well.
• Track what happens inside. What is different in terms of your sensations or feelings? Or, what is different about how you are experiencing them?

Serratus Anterior Superior Hold
The serratus anterior superior is a muscle located beneath the armpits on both sides of the body, starting under the shoulder blade and stretching forward along the sides of the ribcage. As babies and young children, this is the area where grownups place their hands as they pick us up in response to our need for social engagement, co-regulation, reassurance, and play. The serratus muscle is involved in connectedness, a sense of the heart opening and the physical action of reaching out towards others or nourishment.

This muscle is also connected to our desire to be wanted and loved for who we are (including our curiosity and impulses), and provides us with a felt sense of our ability to contain our sensations and emotions while also getting our needs met. Finally, it is linked to having the space to enjoy ourselves, the freedom to explore the world, and the ability to express our emotions without losing contact with ourselves and others.
From the standpoint of the polyvagal theory, early face-to-face interactions are the first step to experiencing co-regulation, since as infants we rely on the social engagement system of our caregivers to help us develop our own. The face-to-face moments we experience in the safety of our relationship with our caregivers supports the face-to-heart connection. In other words, these interactions stimulate the ventral branch of the vagus nerve, which links the musculature of the face, neck, larynx and pharynx with the heart and lungs. When we feel safe and held, the ventral vagus acts as a pacemaker on the heart, which modulates our arousal.

This particular self-hold can help provide a sense of containment and settling when we are feeling anxious or lonely.

**Instructions:**
- Place your hands under your armpits and then allow your arms to come down over top of your hands.
- Press in or squeeze into that muscle on both sides, holding yourself in that place.
- If you like, lengthen your exhalations as you breathe.
- What do you notice when you hold yourself there?

**ORIENTING**

Orienting is a deceptively simple practice, the purpose of which is to support us to become more present. As we become more present to ourselves and our current conditions, and if these conditions are perceived by the nervous system to be safe(r), our organism can begin to settle out of whatever panic, urgent energy, or spiralling thoughts we are experiencing while in a state of hyper-vigilance.

The suboccipital muscles at the base of the skull are involved in orienting efforts, and are psychologically connected with the instinctual sense of having the right to have strength or power. **Defensive orienting** involves turning towards perceived dangers or threats, or looking for escape routes or objects for self-protection. **Exploratory orienting** involves turning towards novelty in the environment (curiosity) or seeking out resources, such as social connection, nourishment, play, comfort, delight, etc. (sucking reflexes to take in this goodness are connected to the exploratory seeking impulse). Defensive orienting can be in or out of proportion to the current conditions. For instance, when we are anxious or in a state of panic, we can experience a startle response where we pull back and hold our breath, freezing in place. Our bodies can become tight or rigid, we hold our breath, and our gaze can become fixed or our eyes can dart around frantically without really taking in our surroundings. This is another way our bodies, emotions and thoughts become stuck. Our minds begin to fixate on the future, getting caught in worry about what might happen again. Orienting can help us to recognize relative safety now.

From a polyvagal perspective, orienting allows us to engage the same parts of the face and neck involved in the social engagement system, which stimulates the ventral vagus nerve. When the ventral vagus is back online, it provides a face-heart connection that acts as a pacemaker on the heart (or a set of brakes), slowing us down and allowing us to reconnect with the here-and-now and with relationships.

**Instructions:**
- Taking a deep breath, slowly exhale as you let your eyes look around and take in your surroundings. Allow your eyes to slowly look where they want to look, as opposed to where you think they should look. What draws their curiosity?
- Using your occipital and neck muscles, let your head turn slowly to check out all directions, leading by your ears and exhaling slowly as you do. If you like, also see what happens if you allow your head to look up and down as well. Take all the time you need.
- Notice if there is anything dangerous or threatening in the present moment.
- What happens as you take in your surroundings? What is different inside?

**Note:** In Somatic Experiencing®, the goal of orienting isn’t necessarily to become more grounded; rather, we want to develop more accurate neuroception in the present. That is, we are looking to develop a more accurate sense of safety, danger, or life threat in the here-and-now. If our organism accurately detects safety and becomes more grounded as a result, then this practice can indeed support settling and deactivation of anxiety. However, for others who have difficulty trusting themselves to accurately detect signs of danger or life threat because of a tendency to be under-attentive, this practice can also be used for the opposite purpose, especially if an individual’s orienting response was thwarted, resulting in hypo-vigilance.
ABOUT

Bodynamics is a developmental somatic psychology approach developed in Denmark, that proposes that somatic and psychological development occur simultaneously. This means that the voluntary use of specific muscles not only has a physical function but also a psychological one as well, and that psychological difficulties can be addressed by working with the muscular system and the various character structures that occur at different developmental stages.

- Bodynamics theory: https://www.bodynamic.com/theory/
- Seven developmental stages and their associated character structures: https://www.bodynamic.com/theory/the-seven-developmental-stages/

References


Suggested Citation


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