

# CosenZ Consent

Collaboratively creating a Co-Consent Culture of Safe Abundant Loving Touch

Vol. 1 : Foundational Nourishing Container for the SomasenZ Razma Movement Method of Dance Massage Bodywork

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CosenZing combines cultivation of precise perception of personal perspectives/preferences with confident communication through empathetic expression. Thus, amplifying awareness of attunement with All to co-create a culture of constant collaborative cosensing cosent {‘taking the con out of consent’}— making safe, somatically nourishing, loving touch accessible and abundant.

## The purpose of this book

This is the book that I wish I had read as I was coming into adulthood, as I believe learning and practicing these skills would have allowed me to avoid losing my virginity to rape.

The responsibility and duty to share my knowledge and circumvent the violation and self-blame that I lived through was the fierce fire that catalyzed the creation of this work. Living through this experience, embarking on an all-consuming healing journey and coming out the other side forged me into a more compassionate and perceptive person. I am still walking the path of healing and seek to help others in sharing what I have learned thus far. I hope that you can harvest harmony from the hardships and hard-won knowledge of my journey. This tome is a written wish that all physical interactions are enthusiastically consented to, so that we can co-create an abundant world of pleasure as prayer together.

This series of books is a roadmap – taking readers from feeling disembodied and disconnected to emerging as an in-tune body genius. Completion of this course culminates in graduates receiving a Soma Diploma. The Soma Diploma promotes proficiency in not only the Razma Movement Method, but is also informed by the diverse physical palate of the evolving edge of therapeutic touch - Radical Bodywork – embodied in the Somanauts { a performance healing collective }.

In Volume One I lay down the foundational structures that create the trust and safety needed to form deep intimacy. This education is two pronged : firstly to delve deeply into the inner world - building self-knowledge and the confidence to convey this clearly externally, and secondly to train body language literacy so that we can read the signals of our playmates. When this holistic proactive education system is put fully into practice it acts as both predator-prevention (through training attunement to other) as well as ‘easy prey evaporation’ (training

potential victims to move from unexamined / acculturated patterns of inhibition into exhibition through clearly and confidently expressing emotion/boundaries/preferences). Through work on both sides of the predatory/prey dichotomy, we rewrite the antiquated culpable cultural narrative so that all parties can be sure that a wholehearted state of agreement called co-consent is constantly being created. Co-consent is shorthand for continuous collaborative co-creative connected compassionate communicative community-cradled consent. I fully believe that most people do not want to have predatory energy but are culturally conditioned to believe that predatory scripts of behavior are the only way that they can get their needs met. Providing signposts to educate others in body language and writing a replicable blueprint for creating a plethora of places to get platonic physical contact needs met will solve issues of violence stemming from touch isolation and promote peace on our planet.

Through first deepening our relationship to inner self-knowledge we can then apply this honed sense to expansion – including what had previously been labelled as ‘other’ within our awareness of self. It is my dream that we expand our attention and sense of ‘self’ to include not only members of humanity but also all species and the biosphere of the Earth as a whole. In this attunement process we deepen access to our senses – taking in a fuller environmental richness while enhancing immediacy & intimacy. Through dilating to increased depth of detailed data, we are more informed – discovering dexterity in decision making.

## Outline of Volume One

We begin at the Introduction - why I am particularly suited to write this tome and where my compulsion to do so came from.

Part One is a brief history of some of the philosophical underpinnings of how we got to where we are today.

Part Two is a deep personal dive – probing individual preferences and boundaries as well as the histories that formed them via journal prompts and individual & group exercises. It is highly recommended to find a Razma Movement Method practitioner, SomanautZ playmate, bodyworker, somatic therapist, compassionate friend, or community of care to reveal the roots of past pain in relationship. With supportive witnesses and allies we can examine the past without judgement spaciouly, unpacking trauma that no longer serves our desired future. Through shared co-regulation of our nervous systems we can feel safe in replacing unexamined patterns via carving fresh grooves in relationship - reinforcing a newborn way of being in the world that suits our designed dreams rather than being at the blind beck & call of our hidden habits. Here together, we find & practice an easeful style of vocalization and gain comfort in expressing ourselves both verbally and physically. In understanding the depth & nuance of personal needs, interests, and proclivities, and speaking about them to others with clarity, we also gain a visceral sense of how to honor and respect the specific preferences of others.

In Part Three we delve into the complexities of consent and how to interact with others consensually through energetic, physical, and verbal means.

In Part Four we share Soma-tech : unique healing modalities and ways of interrelating pioneered by the radical bodyworkers evolving the edge of intimacy and performance healing - the SomanautZ ([www.SomanautZ.com](http://www.SomanautZ.com)). Together we discover novel ways to get needs met – for example, by reframing being attached to doing a certain activity with a particular person into going after a feeling or emotion (such as intimacy or feeling loved). \*\*

Initially I had stripped this handbook of any personal detail but was informed time and time again that humankind learns and encodes evolution most memorably through the sharing of personal stories and legends. So, as I step into the vulnerability of sharing self, think me not egotistical that interwoven throughout this tome is my own tale of somatic and psychological healing. I include the inferences and revelations of my path to provide a personal example of one empath's journey of going through rape and embodied trauma and the tools that helped me heal. May this sharing aid all in their path to wholeness.

After reading this book you will have a toolkit to be :

**Self-aware :** You will navigate the world understanding your boundaries, needs, preferences, and edges. As an expert in your own body language signals you will be acutely aware of boundary approaches and have a clear sense of when you are attracted and repulsed to various offers. You will know the underlying history of why you have such reactions, how your boundaries have changed over time and the situational, interpersonal & environmental characteristics that cause the edges & rigidity of your boundaries to ebb & flow. You will be familiar with your trauma & triggers, working to unwind projections playfully, releasing patterns that no longer serve and acknowledging systems that keep you safe- consciously cultivating the skill of intuition.

**Self-expressive :** Comfortable vocalizing your no/yes/more/less/pause/refresh you will communicate early & often. You will be able to communicate and receive message across all channels – verbal, physical, emotional, energetic, and situational. Your diverse range of emotional nuance will be able to sense the multifaceted meanings of somatic statements. You will be aware of body language signals that you give off, and be cognizant of how you come across to others, preference & presentation in alignment.

**Other-aware :** You will understand the unique physical communication signals of your partner, and you will be able to communicate non-verbally. {These skills serve well at advanced levels of play when your partner is in a surrendered somatic subspace and may be unable or unwilling to speak.} You will be attuned to the impact of your actions on others and seek the highest heaven yes of all involved. You will cultivate your ability to melt into a point of contact with other bodies and, from this shared position, enter their emotive envelope, receiving

imprints of the inner experience of another. You will be able to expand your sense of self to unfold others and have an intimate internal connection to the biosphere.

**Collaborative :** You will be familiar with the foundation necessary to set up a safe abundant loving touch container and maintain its integrity. You will identify potential compatibility easefully, and quickly connect intimately with 'good match' physical playmates through platonic touch. You will be a confident cuddly cat - well versed in techniques to make others feel good while also deriving benefit from the mutual contact.

**Touch abundant :** You will have no shortage of touch playmates (dance, massage, cuddle, and bodywork partners) looking forward to playdates. You will be practiced in interacting with diverse types of physicality and know commonalities of what bodies generally tend to like while also being able to tune into the nuances of your specific current playmate. Your nurturing touch needs will thus not unconsciously default to falling solely on a romantic partner and your physical needs will be distributed along lines of mutual interest. This will naturally lead to less (or completely absent) internal social stress, anxiety, and pressure when desiring to make sure all goes well with that special someone. You will feel more connected, whole, and abundant in physical love – no longer projecting hungry, grabby, or needy vampire energy.

## Introduction

### Why am I writing this?

I am driven to create this work to coalesce information and techniques I wish I had abundant awareness of in my youth. I seek to expand accessibility to the healing tools I have been privileged to experiment with, gather, distil and synthesize. I was sheltered & naïve in the realms of my own dis/likes and had no consensual sexual experience before my virginity was taken by rape at the age of 20. Releasing this work is my actionable wish for a future in which all interpersonal interactions, especially in the realm of touch (both platonic & sexual), have been enthusiastically consented to. Had I practiced these exercises in a low-pressure environment before being alone with a man I did not know, I would have developed confidence in defending my boundaries vocally and physically and I would not have been violated. In the painful post-penetration reckoning I realized that I needed to develop internal understanding and confidence in communicating my boundaries in a clear, compassionate, and graceful manner and created this tome to share my hard won lessons so that others would avoid the perils of unpracticed physicality.

In my quest for healing I tried every modality I could find. I was fortunate to find a transpersonal psychologist who focused on somatics immediately following my violation during my time as an undergraduate at Northwestern University {I only knew these modalities existed through my own personal proclivity towards research in graduate level transpersonal psychology textbooks}. I pivoted from Bio-Premed studies to Human Development and

Psychological Studies in a concentrated effort to meta-analyze my own mind within a mainstream frame. I journaled and cultivated catharsis through art (especially in my Touch and Drip series of acrylic paintings in which I was literally caressing the canvas with my fingers as paintbrushes and washing my wounds with waterlogged wide brush strokes to smooth rough transitions along the edges into a subsuming sea of color). I consumed everything that had been published by that point about consent. Yet, there were patterns in my body I could not dislodge with heady discussion alone, no matter how compassionate the listening ear.

I sought out exercises to practice consent and found the landscape lacking, as much of the content I came across assumed a high level of self-knowledge about dis/likes and a well-developed expressive voice – neither of which had been fostered in my sheltered introverted intellectual bookish Midwestern Lithuanian upbringing in an forest preserve bubble. My formal education had not taught me any healthy patterns regarding consent, relational skills, or confident personal expression. Even in my adult life as I scoured books, internet, class, and workshop offerings I did not come across any venue to physically practice consent in a learning environment (as opposed to verbally discussing and puzzling through the philosophical and ethical quandaries – ultimately not the way to embody consent – although admittedly another mutually supportive pursuit enriching the practical work comprising this book). Thus, this tome is chock full of journal prompts for personal reflection, solo exorcizes [sic] { = exorcism of unwanted patterns + exercises} to cultivate personal skills, as well as partner & group exercises to engage interpersonal dynamics in a living learning laboratory.

Taking these unmet needs into account I developed the program I wish I had gone through by reflecting on my own evolution and streamlining the necessary sequence of skill building - shortcutting the long winding and laborious path I had tread. Through this self-analytical process, I began from a blank skill slate - without assuming prior proficiency – a novel idea from any other work about consent in the marketplace. As any physical or cultural architect knows, the strength of the structure depends on a solid foundation and sequential scaffolding to ensure all have learned from the same playbook and have mutual shared understanding & skill. Through starting from the foundational tools that other teachings assume to be present I can ensure holistic soundness in my system for each person who embodies this work– an essential prerequisite for me to feel comfortable & responsible in teaching my intimate full body contact Razma Movement Method. I wanted no place for shadow predatory energy to hide, proclaim ignorance, or prey on personal or cultural inexperience or naivete. This all-encompassing approach has the side benefit of benefitting those who are younger in years or those who have not had experiences witnessing healthy models of inter-relational or self-knowledge.

The format of this book also has the added benefit of unpacking cultural assumptions and gendered indoctrination we take for granted. To this end, I have compiled and generated exercises that can be done both inside and outside the context of an intimate partnership. The scope of experience in this tome begins at the core of your identity and ripples outward,

scaffolding from solo to social settings. This book begins without assuming proficiency with personal preferences, developing this insight through writing prompts to hone inquiry of internal awareness. The next stage delves into exercises amenable to rehearsal with friends and develops into encouraging exploration even in public situations in order to provide an abundance of contexts in which to practice. In the end, much as various movement practices and martial arts have sequentially deep graduations, the final level of the Soma Diploma involves deep partner and group tracking that is best done under the supervision of a certified teacher of the Razma Movement Method. There is a final high level of synergistic work in groups and deep experiences that will be revealed in subsequent tomes.

In summation, through a foundation emphasizing solid connection to self-body, knowledge of preference & interest, expressive development, and active engagement in co-consent container creation we can build real-world desire satisfaction scenarios from a place of practiced clarity, articulation, and strength.

## Why the Workbook Format ?

We all agree that consent is important, and our shared public consciousness is gaining clarity about how to make sure activities are consensual {thank heavens!}. Unfortunately, as is the case with initial criticism before solutionary analysis, these previous threads address what is going wrong with the system while being less than forthcoming about active steps in how to create a consent culture to make it right.

While I thank the current and past consent pioneers and whistleblowers for blazing the trail so far and am grateful to have a collective scaffolding of understanding to draw from and expand upon, I wish to evolve the dialogue. In this book, I am interested in fleshing out the intellectual abstract understanding of consent (rooted in a legal framework of who or what is to blame and what specifically has or has not been agreed to) into an embodied encoding of empathetic engagement. With the creation of this tome, I am filling the ‘training gap’ of a lack of practice in consent and related skillsets via low-stress preparation in-vivo **before** we need it. Through my own experience of violation, I feel a responsibility to provide others with the tools to prevent predators from preying on innocence and naivete. To accomplish this task, we need to strengthen parallel foundational skills for confident consent such as: knowing what you don’t/want and dis/like, developing self-knowledge, knowing where your boundaries are, and speaking with clarity about your preferences/needs to others. I have found that when these abilities are cultivated the shadows of uncertainty that predators lurk in / exploit shrink and then altogether disappear. Furthermore, not only do we gain all of these ‘risk reduction’ benefits but also, in a true win-win-win, we also are able to be mutually motivated by shared desire to create synergistically delightful experiences .

It is to this aim that I aggregated techniques that accelerated my development, as well as designing my own forms when there was not an exercise that stressed the growth of a skill I found essential to my journey practicing consent or boundary regulation.

In the following pages, find the guide I wish I would have had inside. May all interactions be enthusiastically consented to.

## BODY

Why bother spending so much time on Body – what are the benefits ?

Our subconscious speaks through Body<sup>1</sup> through intuitive / physical communication channels and has access to the full range of sensory input before the reducing valve of Mind filters and brings to the forefront the stimuli it deems most relevant for organismic survival. Throughout the human evolutionary process, the ‘summarizing’ faculty of Mind grew more stringent over time, selecting for ‘speed as survival’ and propagating this process over many geneitrations.<sup>2</sup>

In this lusciously luxurious moment in humanity’s evolution we have created worldwide systems to meet our survival needs and thus we can recognize ripe timing in reaping the value of exponential knowledge increase via developing our emotional intelligence and intuitive sense through accessing more Subconscious<sup>3</sup> as it speaks through Body. Tapping into Subconscious through Body allows us to easefully make choices we can trust – when we begin our decision making process from a place of grounded wholeness the hyper-processing analytical knowledge of Mind can use the additional information provided by the Subconscious to scaffold us toward greater heights of inter/personal creation. In addition to aiding us in decision making, we can utilize Body as portal to effortlessly enter flow states. Much as many meditation traditions use breath as a reminder to return to centered stillness, we can create physical sigils that encode access to flow states through a series of poses and bodysenses<sup>4</sup>. When we reliably train our system to drop into flow we reconnect with our capacity to enjoyably and efficiently accomplish our goals in a spirit of exploratory play through a match of capability and captivating challenge. This space of open competency is at the heart of the mutual delight of the Razma Movement Method practice {especially when engaging in partnered play}.

Our sacred task of Spirit dancing in matter is to expand our capacity for awareness so that we may understand ourselves (and therefore by proxy, others) more fully. When we reconnect to our bodies, we can sequentially open to greater nuance in sensory stimuli. This inner inquiry increases available bandwidth of sensory/emotional/subconscious experience and expands our physical play palate. In this deepening we access increasingly profound levels of

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<sup>1</sup> Body is capitalized to emphasize the personhood of the physical body as an individual entity/microbial community with their own intelligence which we are in reciprocal relationship with

<sup>2</sup> Geneitrations = portmanteau of gene + iteration + generation ++ and also ++ genes-it-rations = meaning that this is a conservatory streamlining process that both endures and seeks to make itself more efficient over time.

<sup>3</sup> Capitalized as Subconscious to acknowledge this collective shared process of knowing & meme-forms across all humanity over time, rather than the concept of a personal subconscious that dies with the individual.

<sup>4</sup> For example, using shades of color, animal sounds, or goosebumps as divination tools

connection/understanding to self/other and in so doing exponentially multiply the forms of love that we can give and receive.

Finally, it is within Body that trauma is 'frozen' when a situation becomes too overwhelming to process in the moment of a fight/flight/fawn/freeze/appease/attach/dissociate survival state. Frozen trauma requires physical, mental, and psychic energy to padlock and patrol (we can see how reactive these psychological 'trauma antibodies' are through the high level of reactivity that occurs when we touch upon a trigger). When we let go of old trauma patterning that does not serve our current state, we no longer need to use our subconscious attention to maintain and guard this bound energy. This frozen energy is now liberated for use in service of constructive pursuits (such as expanding the bandwidth of sensation and being present to a greater depth of feeling).

## How we got here – why are we so disembodied ?

Inaccurate, harmful 'expert' childrearing advice and practices

To quote Touching at length : "To put a baby in a crib is to consign to solitary confinement this most social of all contact creatures. The jail for the crib is no substitute for the snugness of the cradle, that admirable invention thousands of years old, which sophisticated societies have discarded. Why? The Answer to this question constitutes a case history in itself. It serves to illustrate how our ignorance of the most elementary facts concerning the needs of infants permits us, in the name of progress, to abandon the most valuable of practices and substitute the worst for them. " <sup>5</sup>

"The very fact that, from the earliest days of human history, mothers had rocked their babies to sleep in their arms was taken to mean that the practice was archaic, and that rocking babies in cradles was equally antiquated, certainly not 'modern'. Alas in the headlong rush to be 'modern', worthwhile institutions and ancient virtues may be abandoned and lost. " <sup>6</sup>(p.149)

"John Broadus Watson, professor of psychology at John Hopkins University propagated 'Behaviorism' which held that the only sound approach to the study of the child was through its behavior. The basic contention was that only the objectively observable can constitute the data of science. What could not be observed – the child's wishes, needs, and feelings – was excluded from the behaviorist's interest and was therefore treated as if it did not exist. The behaviorists insisted on treating children as if they were mechanical objects that could be wound up in any which way one pleased; children were at the mercy of their environment, and parents could by their own behavior make them into anything they desired. Sentimentality was to be avoided, because any show of love or close physical contact made the child too dependent upon its parents. What one should aim for, urged the behaviorist, was the encouragement of

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<sup>5</sup> Touching, pg. 147

<sup>6</sup> Touching, pg.149



independence, self-reliance, and the avoidance of any dependence upon the affections of others. One must not spoil children with affection.

Through the book *Psychological Care of Infant and Child*, published in 1928, Mothers were enjoined to keep their emotional distance from the child, to desist from kissing, coddling, or fondling it. They were not to respond too readily to their children's cries for food or attention. Their capacities, Watson said, should be trained towards conquering the world. In order to do so, children must be taught to master their feeding schedules, toilet training, and other tasks, according to a strict regimen. It is the problem solving techniques and boundless absorption in activity with which the child must be prepared that will enable him to cope with the demands of American society. Such a child will be 'as free as possible of sensitivities to people and one who, almost from birth, is relatively independent of the family situation.' " <sup>7</sup>(p.g.150)

"There is' Watson wrote, 'a sensible way of treating children...Never hug and kiss them, never let them sit in your lap. If you must, kiss them once on the forehead when they say good night. Shake hands with them in the morning. Give them a pat on the head if they have made an extraordinary good job of a difficult task. Try it out. In a week's time you will find how easy it is to be perfectly objective with your child and at the same time kindly. You will be utterly ashamed of the mawkish, sentimental way you have been handling it.'" <sup>8</sup> (pg. 150-1)

"This unsentimental, mechanistic approach to childrearing greatly influenced psychology for a time and exercised a profound effect upon pediatric thinking and practice. Pediatricians advised parents to maintain a sophisticated aloofness from their children, keeping them at arm's length, and managing them on a schedule characterized by both objectivity and regularity. They were to be fed on the clock, not on demand, and only at designated and regular times. If they cried during the intervals of three or four hours between feedings, they were to be allowed to do so until the clock announced the next feeding time. During such intervals of crying they were not to be picked up, since if one yielded to such weak impulses the child would be spoiled, and thereafter every time he desired something he would cry. And so million of mothers sat and cried along with their babies, and, as genuinely loving mothers obedient to the best thinking on the subject, bravely resisted the 'animal impulse' to pick them up and comfort them in their arms. Most mothers felt that this could not be right, but who were they to argue with the authorities? No one ever told them that an 'authority' is one who should know. " <sup>9</sup>(pg.151) x

Several studies show that the 'expert' opinion of removing cradles as archaic goes against scientific discoveries. Again, quoted at length from 'Touching' :

"Rocking chairs, in fact for adults, and especially the aging, are to be highly recommended for reasons similar to those which make the cradle so highly recommendable for babies. Rocking, in both babies and adults, increases cardiac output and is helpful to the circulation; it promotes respiration and discourages lung congestion; it stimulates muscles tone; and not least important,

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<sup>7</sup> Touching, pg. 150

<sup>8</sup> Touching, pg. 150-1

<sup>9</sup> Touching, pg. 151

it maintains the feeling of relatedness. A baby, especially, that is rocked, knows that it is not alone. A general cellular and visceral stimulation results from the rocking.” <sup>10</sup>(pg.158)

“A fascinating account of the serendipitous discovery of the benefits of rocking for seriously disturbed mental patients is reported by Dr. Joseph C. Solomon. Dr. Solomon observed that patients taken from their rooms in hospital for transfer to another town by train, though they had earlier needed to be restrained in straightjackets and muffs, became very quiet and calm as soon as the train was in motion. Solomon reasoned that, since in the womb the child is subjected to considerable passive motion, part of the human contact these patients may have missed as children was the active rocking in the mother’s arms which would, among other things, stimulate the vestibular apparatus. Purposive active motions, Solomon suggests, develop with facility and pleasure when the passive motion imparted by the mother has been satisfactorily internalized as an integrated inner function.

Conversely, when there is little chance for the internalization of the passive movement derived from the mother, the active rocking becomes a habitual device for self-containment. It is a method of defending the formative ego against the feeling of being abandoned. This follows the principle of Newton’s Second Law. If you actively push against something, it is as though something is pushing against you. In this way the infant accomplishes the goal of not feeling completely alone. It is as though somebody is always there. As such it is another self-containment device similar to thumbsucking, the security-blanket, nail-biting, or masturbation.” <sup>11</sup>(p.g.161)

“Rocking ‘tends towards synchrony with the mother’s and/or baby’s respiratory rate’ while pattering ‘approximates the mother’s and/or baby’s cardiac rate’. The mother, in other words, who rocks and pats her baby may in some measure recreate the stimuli of her breathing and pulse rhythms, rhythms that were significant to it before birth, and thus give the baby the reassurance of a familiar environment that it so much needs” <sup>12</sup>(pg.162)

“The self-rocking commonly seen among patients in mental hospitals has often been remarked, and is frequently observed as an act of self-comfort in grief among individuals who do not otherwise rock. Among many Semitic-language-speaking peoples, including orthodox Jews, body-rocking often accompanies prayer, grief, and study. It is quite clearly a form of comforting behavior.” <sup>13</sup>(pg.165)

“Self-rocking and similar repetitive activities represent substitutes for passive movement-stimulation, just as self-clasping and finger-sucking substitute self-stimulation for social stimulation.” <sup>14</sup>(pg.165)

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<sup>10</sup> Touching, pg. 158

<sup>11</sup> Touching, pg. 161

<sup>12</sup> Touching, pg. 162

<sup>13</sup> Touching, pg. 165

<sup>14</sup> Touching, pg. 165

“Dr. William A. Mason and his colleague Dr. Gershon Berkson, then at the Delta Regional Primate Research Center of Tulane University, New Orleans, tested the presumed relationship between self-rocking and the quality of maternal stimulation. They compared two groups of rhesus monkeys, both separated from their mothers at birth. One group was reared with a cloth-covered social substitute that moved freely about the cage on an irregular schedule; the other group was reared with a device identical to the moving dummy, except that it was stationary. The three monkeys reared with stationary dummies all developed stereotypes rocking as a persistent pattern, whereas those reared with the moving robots showed no evidence of such behaviors’ <sup>15</sup>(pg.165-6)

“Solomon’s view that the rocking motion stimulates the vestibular apparatus is undoubtedly sound, but misses the point that, in rocking, the skin itself undergoes a complex series of motions, not to mention the motions of proprioceptors and interoceptors, and the motions of internal organs. All of this is eroticizing. Rocking or swaying represents a kind of self-caressing, a self-comforting, and as such it is often observed in grief and mourning. It is significant that the region of American in which the rocking chair remains most popular should be New England – the land of the cod and the seemingly cold fish. ” <sup>16</sup>(pg.166)

#### Body as Base / Source of Sinful Urges

There is a strong thread of disconnection from Body running through the dominant culture of the US<sup>17</sup>. This rift between Body, Mind, and Spirit arises from a confluence of factors including inheriting a history of religious rules (especially from the judgmental modern Puritanical and Catholic strains), an emphasis on intellectuality as superior, and an idea that ‘what is below us is beneath us’. Some of the most commonly held tropes from these oppressive histories<sup>18</sup> are: body is base, body is lowly, body is source of sin, body is to be transcended, and body is inherently impure from birth (‘original sin’).

Many US socialized people have an internalized notion of body as base. This goes hand in hand with the attribution of body as the source of shameful, sinful impulses that need to be transcended. Many around the world have received an oppressive dose of religious judgement for enjoying physical sensations– perceiving such pursuits as damning, hedonistically indulgent, or a waste of time<sup>19</sup>. This subtext of ‘transcending beyond Body’ and its insidiously impish impulses blasphemies Body as anchor to that which we abhor, chaining us to the corporeal and physically preventing sublimation with spiritual Source in the ‘higher’ holy realms. In this book we dispel this notion, celebrating embodied arts as another delicious direction to diving into divinity as one!

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<sup>15</sup> Touching, pg. 165-6

<sup>16</sup> Touching, pg. 166

<sup>17</sup> author note : I grew up as a Lithuanian American in the USA and so I write from a dual culture ‘partially outside’ perspective

<sup>18</sup> hisstories = hiss + history; also his-story = the patriarchal storyline

<sup>19</sup> for the author, a deep dose of ‘catholic guilt’

## Devastating Disconnection

The devaluation and denigration of the physical also perniciously translates into acceptance of mainstream mistreatment of animals {as below us on the consciousness spectrum}, planet {acceptable to endlessly extract from<sup>20</sup>}, and female-bodied people {as portals into physicality}. Through this demonishing<sup>21</sup> distancing of ourselves as set a level above & apart from the other species with which we share a common home, we can justify our continued abuse of animals as meaningless material to kill and consume without honor at our current unsustainable breakneck rate. Unsurprisingly, this cold cruelty also contributes to the degradation of our globe due to the resource greed required to house, feed, tend, kill and process animals as our primary source of calories {a predominantly plant based diet is more sustainable}.<sup>22</sup> This monetization mindset also results in short-sighted extractive economics and harmful harvest of resources (e.g. logging old growth forests, burning jungle to plant fields of a single cash crop, metals strip-mined, fracking, non-renewable sources of energy used for power...).

We are now shedding the old paradigm of considering the land, plants, and animals that live upon it as our God-given slaves solely created for unlimited harvest. We are reframing into responsible relationship, spurred into a stewardship model - shifting towards sustainability, mutual respect, and reciprocity in all our relations. When we realign into nurturing our instrument of action in the world - our personal Body - we can then extrapolate this honorable treatment towards the bodies of others and our shared planetary body Earth, applying the Platinum Rule ('treat others as they wish to be treated'). In this way, we swell our sense of self to not just include our physical body and personal vessel, but expand into experiencing other people, and eventually the planet, as part of ourselves. Within this expansive empathetic awareness, we gain access to not only the patterns recorded in the repository of relationship between parts but also the holistic wisdom of the whole.

## Access to Female Bodies

In US society female-bodied people are culturally socialized to be self-sacrificing and demure, constantly tracking how to caretaker others and then prioritizing subservience to others

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<sup>20</sup> while simultaneously glossing over gratitude of the gift of being physically composed of the material substrate of, and deeply dependent on

<sup>21</sup> Demonishing = demonic + diminish + admonish

<sup>22</sup> <https://academic.oup.com/ajcn/article/78/3/660S/4690010>

and [https://www.nature.com/articles/s41586-018-0594-](https://www.nature.com/articles/s41586-018-0594-0.epdf?referrer_access_token=gX2BCPgaL76B_wXV7bF_OtRgN0jAjWel9jnR3ZoTv0M2ZckU8PFAjFp2beHrcOXhMGt)

[0.epdf?referrer\\_access\\_token=gX2BCPgaL76B\\_wXV7bF\\_OtRgN0jAjWel9jnR3ZoTv0M2ZckU8PFAjFp2beHrcOXhMGt](https://www.nature.com/articles/s41586-018-0594-0.epdf?referrer_access_token=gX2BCPgaL76B_wXV7bF_OtRgN0jAjWel9jnR3ZoTv0M2ZckU8PFAjFp2beHrcOXhMGt)

[zE8nzdQubMx9ONW9UOMNfh2ymac9F3ml6Vk\\_qkF2pi-](https://www.nature.com/articles/s41586-018-0594-0.epdf?referrer_access_token=gX2BCPgaL76B_wXV7bF_OtRgN0jAjWel9jnR3ZoTv0M2ZckU8PFAjFp2beHrcOXhMGt)

[GKPCk5ECdltPFXRMPNEEWBjC95cOqwpjQoO47EbtInBKybhyC15owA9NB-OD4ZWHou\\_1iOkH-](https://www.nature.com/articles/s41586-018-0594-0.epdf?referrer_access_token=gX2BCPgaL76B_wXV7bF_OtRgN0jAjWel9jnR3ZoTv0M2ZckU8PFAjFp2beHrcOXhMGt)

[L7hl49ex7bc7ygloZSfnoy5T6g2A%3D%3D&tracking\\_referrer=www.nationalgeographic.com](https://www.nature.com/articles/s41586-018-0594-0.epdf?referrer_access_token=gX2BCPgaL76B_wXV7bF_OtRgN0jAjWel9jnR3ZoTv0M2ZckU8PFAjFp2beHrcOXhMGt)

and [https://www.nationalgeographic.com/environment/2019/01/commission-report-great-food-transformation-](https://www.nationalgeographic.com/environment/2019/01/commission-report-great-food-transformation-plant-diet-climate-change/)

[plant-diet-climate-change/](https://www.nationalgeographic.com/environment/2019/01/commission-report-great-food-transformation-plant-diet-climate-change/)

and <https://www.nationalgeographic.com/environment/freshwater/water-conservation-tips/>

And <https://www.nationalgeographic.com/foodfeatures/feeding-9-billion/>

over themselves. Due to the parallel cultural socialization of males to ask for and assume they will frequently receive what they desire, those raised female often ending up forfeiting their preferences & bodies to the desires of males. This internalized oppression makes access to women's bodies abundant to males and dims the considerable power that would come of the generous vulnerability of the feminine being protected & served by the masculine. Relatedly, women are cast as the only gateway to socially sanctioned connection to the physical, earthly, and emotional {base aspects of the world to be transcended} - simultaneously reviled, feared, and desperately sought as channels for loving nurturing energy.

## Labor

Our current socio-political system focuses on rewarding certain types of labor, or work, while minimizing (and therefore rendering invisible and devaluing) the essential contributions of other forms. In a particularly poignant sad irony, the labor of labor and its related processes are neither supported nor acknowledged as important and essential to the flourishing of life. We can reverse this trend by demonstrating our high valuation of pregnancy and postpartum bonding through paid time off work, un-shaming breastfeeding, social support webs for single mothers /birthers, and widely available state subsidized childcare. The caretaking, teaching, and rearing of infants, children, and young adults –the most important job in ensuring humanity's future success and capacity for prosocial behavior – continues to be unpaid or garners a low wage. Caretaking and nurturing work of all forms follows a similar pattern of meager salaries or more commonly is an expected duty to be completed without remuneration by women.

## Emotional Labor

Women are tasked as kinkeepers and the weavers of the connective web between people, and maintaining this state of interdependence takes a large amount of emotional labor (remembering birthdays and special events, making plans, coordinating family schedules...) as well as emotional intelligence (how to navigate and mediate tangled social scenarios, knowing how certain people express specific emotions, reading micro movements of the face and body & accurately determining emotional state). This labor of connection-creation is compounded by women's socialization to be hyper-aware of their effect on others and leads them to 'pick up the slack' and do what needs to be done, often taking self-responsibility to fill in the gaps in the lack of consciousness / inattention of others (these and similar 'emotional management and caretaking' tasks fall under the umbrella term 'Emotional Labor'<sup>23</sup>). Other related characteristics of female socialization include putting the needs of others before yourself, making yourself as small as possible (ideally to the unattainable point of invisibility), and attuning so deeply to how you affects others that you alter your behavior dramatically (you are discouraged to behave in a self-interested way). Taking these traits on and internalizing them is commonly recognized as appropriate female gendered behavior, and those that fall out of line are often judged,

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<sup>23</sup> <https://www.thespruce.com/what-is-emotional-labor-4684198>

And for public examples of emotional labor :

<https://drive.google.com/file/d/0B0UUYL6kaNeBTDBRbkJkeUtabEk/view>

ostracized, and put down with hateful slurs & speech (delved into more deeply in the section 'Gendered Put-downs').

Fascinatingly, studies show a correlation between the emotional labor of caretaking, longevity, and increased quality of life. For example, men married to women live on average 17 years longer, married men have reduced incidence of coronary artery disease and depression, and single men have a 32% higher risk of death at an early age compared to married men<sup>24</sup>. Intriguingly, if a husband's wife dies, the husband is 30% more likely to die (but in the reverse case, with the husband dying before the wife, the wife's longevity is not adversely affected).<sup>25</sup>

### Collective / Individualistic behavior - Who is supported in their self-interest?

In our current society, boundaries have proven themselves useful for long-term survival (knowing where Body ends helps propagate the genes that spread themselves through the action of Body). Relative to 'Eastern' nations, Western personal boundaries are especially rigid and self-focused when compared with other cultures that are more attuned to collective wellbeing (such as Japan and China<sup>26</sup>). The Western individual-focused mindset also extends to the sense of non-responsibility we feel for the situations others are in, and why we espouse 'pulling yourself up by your bootstraps'.

Alas, when we consider that females in our culture are socialized to be self-sacrificing for others, this system of individual responsibility only genuinely serves men, who are socialized & supported in expressing and pursuing their self-interest. If we encourage women to be more like men and consider a world in which everyone acts solely out of self-interest, we are met with the emotional moonscape of a cold and calculating society. This detached world lies at the antipode of acknowledging and appreciating that the deepest delights of this world are born from interrelation: the giving and receiving of gifts, nurturing, and caretaking. What would it feel like to live in a loving community-supportive culture, caring for our neighbors as ourselves? How would we act if we valued the earth as the body from which we came - our mother, treating the planet with respect, reverence, love, and gratitude? Through enlarging the frame of what constitutes 'our self' & who lies within our circle of care, we can expand our attention to encompass ever expanding swaths of our experience, moving from a focus on tending solely to embodied personhood and enlarging our edges outwards to consider family, community, biosphere, and universe as inextricably interwoven aspects of our identity.

### Gendered Putdowns

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<sup>24</sup> <https://healthresearchfunding.org/married-men-live-longer-single-men/>

And <https://www.medicaldaily.com/married-vs-single-what-science-says-better-your-health-327878>

<sup>25</sup> <https://www.telegraph.co.uk/news/health/elder/9625818/Men-more-likely-to-die-after-losing-their-wife-but-women-carry-on-as-normal.html>

<sup>26</sup> Preschool in Three Cultures Revisited: China, Japan, and the United States Paperback – May 15, 2011  
by Joseph Tobin, Yeh Hsueh, Mayumi Karasawa

To parse out what behaviors in the US are sorted as traditionally masculine or feminine one can act as cultural archeologist and examine gendered disses and slurs. For men putdowns are associated with feeling too much or expressing emotion— such as ‘sissy’, ‘pussy’, and ‘crybaby’. For women criticisms are linked with asking for what one wants - such as ‘bossy’, ‘pushy’, or ‘bitchy’. Encoded within these damaging insults we plainly recognize the encultured pattern of women who are ‘out of place’ when they ask for what they want rather than sublimating their desires to put caretaking others before with own needs. We can recall the recurrence of men encouraged to distance themselves from their feelings, the feelings of others, and how they might be impacting the world around them. These cultural tropes end up confining the expressions of all, distorting relationships between folx of different genders, and distancing individuals from their inner selves (especially for those of us who carry the cultural burden of invisibility / non-acknowledgement when they feel as though they don’t fit nearly into any gender box). These restrictions on appropriate forms of expression according to gender maim what could be authentic unburdened communication and limit the potential diversity of creative conduct.<sup>27</sup>

### Body as Unsafe Space of Pain

Within our current social rearing environment no one is exempt from moments where Body was a source of shame and/or social pain, typically first at an impressionable young age, and often increasing in frequency over time. Due to this early imprint most have internalized the notion that Body is not a safe place for them to be {for when they are within it, they have been hurt, made to feel violated, or been embarrassed by some aspect of Body’s functioning – especially when out of their conscious control like bedwetting}. Additionally, due to medical conditions or accidents, some people are in frequent or constant physical pain in Body, and we can learn much from their tales of perseverance in maintaining their incarnate presence despite their suffering. Our current media landscape encourages us to judge, critique, and compare our personal Body with those of others worldwide, leading to the feeling that ‘you don’t measure up’. Almost all advertising reinforces this notion of lack – that although you are currently incomplete or inferior in some way, buying their product or service will correct that deficiency. Even if not blatantly negative or critical, the default trope of advertising still typically implies that you could be better and that you are not enough as you are in your current state.

### Numbing is Non-selective

For an unfortunate majority of people Body has been a place of judgement, pain, and trauma. To make this hurt manageable our psyche numbs these sensations, which can range from dulling emotion all the way through to complete dissociation, at the location of these negative experiences –Body itself. Unfortunately, we cannot selectively numb only the negative, so this process puts a damper on all perceptions and emotions. This dulling, coupled with commonly heard put downs of childhood such as ‘you’re too sensitive’ and ‘toughen up’, and we have a

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<sup>27</sup> The author acknowledges their use of ‘women’, ‘men’, and other typical terms as an effort to communicate these concepts in a broad way to a wider array of people to whom other terminology or phrasing would be confusing and cause the loss of the underlying message. Thank you for bearing with me during this time of cultural change.

culture-wide recipe for disconnection from our internal sense-scape of feeling & inner perception.

Compounding this dulling with Body's coping mechanism of freezing when overwhelmed by trauma & locking it within specific locales within, and we can understand that Body for many is an abandoned minefield. The bound and buried energy locked up in distancing and avoiding these wounds amounts to a large reserve of potential we can direct to constructive purposes through thawing and releasing the trauma with trusted confidants in safe space. Through the embodied practices of SomaSenZ, we create a relationship of deep compassionate listening on both verbal and physical levels. Through spaciousness of time in empathetic touch we can rewire the neural circuits from numb fear into release and relief, promoting relaxation, rejuvenation and opening Body into greater sensation (magnifying our possibility to perceive, feel deeply, and potentiate our power in decision making).

## Boundaries Philosophy

### Children and Boundaries

We are often implicitly taught that our bodies are not sovereign to us at a young age - such as when parents demand their children hug other adults even when the child protests. Often this type of request is justified in the adult's mind as this person is either a trusted friend or relative of the parent/child, however, the child may have good reasons for not wanting to engage physically with that person at that time. These actions insidiously enforce the message that the child's body is subject to the desires of others regardless of what the child wants, eroding the child's sense of sovereignty about who they want to share their body and presence with. These formative early experiences of consent being overridden creates an unhealthy sense that those with power are allowed to override personal boundaries – treacherously priming acceptance of traumatic scenarios that are in truth unacceptable consent violations.

Often, some of our boundaries are ingrained in an unconscious way – through well-meaning adults decreeing specific rules about our bodies (such as telling us that 'no-one gets to touch us in our bathing-suit area except parents and doctors'). Although the intention of these types of absolute physical boundaries is well-intentioned (often ostensibly to keep us safe from predation or injury), they do not directly address the roots of cultivating autonomous wellbeing. Children would be better served by being taught body sovereignty skills and how to develop & trust their intuition about the intentions of those they interact with. If children are taught in age-appropriate ways about consent and that they are the self-governing masters of their own bodies this greatly reduces the likelihood that they will be able to be preyed upon. When children have strong consent skills, they are no longer acquiescing to what they perceive to be societal or relational norms but instead can tune into their own personal truth in the moment regarding contact with others and if it feels appropriate. This independence does not need to be antagonistic with guardians not allowing certain behaviors for the child's own good, and child development experts encourage that caretakers explain why something is prohibited to allows



the child to be aware of the advanced reasons behind the action and align their budding intelligence with that of the guardians looking out for them.

Our society has room for improvement in the realm of teaching healthy boundaries and the consent that goes along with respecting the boundaries of others. Instead of blindly repeating decrees from the adult fiefdom without explaining the reason for them, as is currently the norm, we can teach children tools and techniques that will serve them in all situations : how to know their boundaries, how to internally monitor how these boundaries may shift in different situations, and to practice confidence in vocally expressing needs and preferences clearly {and also distinguishing between what is a need and what is a preference}. Through this subtle shift into explaining and empowering through teaching skills that apply in any circumstance (rather than a narrow rigid rule) we set young ones up for a lifetime of vibrant communication and easeful expressive interrelation. This abilities-based approach also removes shame from Body (or certain 'hidden' parts of Body), instead focusing on tracking internal experience and honoring personal needs rather than casting a pall of shame on the pelvis or other erogenous zones indiscriminately.

## Philosophical Analysis – From Whence Do Boundaries Come?

As we generate awareness of our personal boundaries, parsing out where our reflexive limits have come from helps us understand how to consciously create or adjust patterns that, while they once protected us, may not serve us in all current situations.

As infants, we are born boundaryless and only learn the concept of self as distinct from mother over time (or so goes the current party line in developmental psychology). In this model a newborn initially starts out as a blank slate (admittedly with genetic predispositions toward temperament) – fully open and receptive to experience (this radical openness is enchantingly palpable in babies). This rosy innocence also means that infants are inherently unguarded to the effects of others on their experience. Over time this openness is protectively shut down as the psyche encounters dissonance when the world does not perfectly care for their needs or sensitivity (exacerbated by the deeper cuts of being catcalled, taunted, put down, viewing a certain piece of media as they continue to age...). At these assaults the psyche shouts, "I don't want this to happen to me (again)" and a deflecting buffer boundary is created to keep others from getting close enough to that sore, sensitive wound. A boundary is akin to a guard, taking up psychic or mental energy to be watchful for any potentially dangerous approaches. In this way, boundaries usually exist because they have been crossed in the past, resulting in the registration of a violation in that realm by the psyche and setting up a 'safe zone' to cushion the emotional blister from future irritation.

## How Trauma affects Body

Although trauma can affect people in diverse ways, through my training in transpersonal somatic psychology & experience as a bodyworker, I have found that most people freeze trauma inside Body as a coping mechanism. As a common example, someone who has a lot of shame

around their sexuality or has experienced a sexual violation may have very stiff hips that are closed off to full range of motion. When receiving a massage in this area (such as the outside edge of the hip or the glutes) the receiver on the mat may tense up protectively, or have memories float to the surface, and may even cry without rationally 'knowing' why.

One theory as to why trauma is frozen in Body is that 'in the moment' of acute trauma the body/brain cannot handle or process the intensity of stimulus, and instead of allowing attention to flow to the emotional evaluation centers, BodyMind prioritizes action that ensures the survival of the organism - ensuring resources are directed towards responding directly to physical preservation in the face of a threat (packing away the trauma for a time when safety is assured and greater means are available able to process the event).

Compounding the difficulty of unlocking frozen trauma inside the body is the tendency of some to dissociate and 'remove' themselves from their physical experience (such as through 'watching from the ceiling') when overwhelmed. For example, this author has a personal proclivity to dissociate when experiencing trauma, especially when it occurs to Body. At the moment of penetration when my virginity was taken by rape, the depth of the violation displaced my consciousness from Body and my awareness watched the proceedings from above - 'I' was no longer present in my body. When the perpetrator plunged into me, he made my Body a place of shock and fear, pushing my overwhelmed sensing spirit out. I have noticed a pattern of tending to dissociate as a personal trauma response because I also left my body as I tore my ACL tumbling down a ladder after being attacked by wasps and getting caught in blackberry brambles. As my later meta-analysis of tonic immobility/dissociation will expound, once you have had one episode of dissociation, there is a greater propensity in your system to follow that pathway again in future trauma experiences. Luckily there are ways that we can re-wire our systems, but in order for this to occur we need to be in the presence of another nervous system we trust so that our own nervous system feels safe and supported enough to go back into the past trauma memory and complete a 'successful' repatterning of the experience {much more on these techniques later in this tome}.

## Learning from animals -how do fauna handle trauma?

Seeing as we are animals ourselves, observing the rest of the animal kingdom and how it handles trauma can work in service to broadening our understanding - providing potential models for clues as to how we can release trauma. For example, when one member in a herd of deer is killed, and after the rest have found a safe space away from the predator, the survivors can be seen shaking to reset their nervous systems and remove the remnants of the trauma of being pursued. If you have pet cats, dogs, or even birds, and they are reprimanded, you will often see them 'shake it off' with head and body motions. We as humanimals<sup>28</sup> operate in a social milieu in which the salubriousness of shaking to dislodge trauma is not widely known as a beneficial practice, much less being socially encouraged, acceptable, or even condoned. One way I am seeking to change this is through teaching Twerk Therapy, a celebratory collective group

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<sup>28</sup> Humanimal = human + animal

trauma release ritual of rhythmic shaking via the Afro-diasporic dance form of Twerk that I am grateful to have grown up with.

Fight/flight/freeze/fawn/appease/submit/attach/tonic-immobility

Fight/flight/freeze/fawn/appease/submit/attach/tonic-immobility are the shorthand terms for the most common types of trauma responses. I am adding 'tonic immobility' to this list as well {as distinct from the 'freeze' response, explained in detail later}.

You, along with most people, have felt the sensation of activation of your sympathetic nervous system via Fight or Flight mode, although you may not be familiar with the term. To get a visceral sense of this stimulation, imagine yourself in pitch black darkness, when you hear an unexpected sound, your autonomic nervous system {automatically without your conscious control} propels you into Fight/Flight - startled, adrenaline racing, heart pumping, pinpricks of hair standing on end, muscles activating, you are ready to move. Less well known is the rest of the plethora of responses, in that Fight/Flight is only one of many reactions that can take place upon exposure to a traumatic or startling stimulus. There are a wide range of responses commonly demonstrated in the animal kingdom, including : freezing, fawning, appraising, submitting, attaching, and tonic immobility.

That the full range of the 'trauma ladder' {or 'cascade of defense stages' in academic psychological parlance} is not currently common knowledge indicates that we have a large gap in our collective understanding – rendering impossible the identification of certain behaviors as possible trauma responses.

Fascinatingly enough, the masculine retorts of physical fight or flight are widely acknowledged as trauma reactions, whereas the feminine feedback of freezing, fawning, appraising, submitting, attaching, and tonic immobility are not traditionally acknowledged as trauma responses. When we expand our perception of trauma to encompass these more feminine forms of reacting, we tune into the more subtle & social responses to harm that have been previously overlooked.

You may be struggling to call to mind examples of how these 'invisible' trauma reactions may present as behaviors in humans. This dearth of easily cognitively accessible illustrations is typical as we orient around a higher granularity of cultural understanding. Have you ever had the experience of 'not being able to reach someone', 'talking to a brick wall', or looking into someone's eyes and realizing that they were 'not all there' ? These may have been more feminine forms of trauma response.

Finally, as we come to deeper cultural understanding around codependency {for example, within a family system that enables or excuses addictive behavior or physical/emotional violence}, we will gain compassion in knowing that this too is a trauma response. This recognition enables us to holistically understand the causes of codependency in order to create more

effective treatments for what often ends up being a pattern of traumatic caretaking that is transmitted throughout multiple relationships or generations.

Inward turning / Feminine forms of reacting to trauma :

Additional examples of yin / feminine forms of trauma response include: freezing, fawning, appraising, submitting, attaching, physically/emotionally/energetically withdrawing, turning inward, numbing, caretaking, and codependency - as well as more extreme forms of leaving the body such as tonic immobility and partial or complete dissociation. Our common cultural awareness around more feminine forms of trauma is currently limited to 'Freeze' {deer in headlights}.

What does a Freeze State look and feel like?

One of the more commonly seen forms of feminine response is a 'freeze' state (this reaction is readily documented and studied in our fellow animals and is also sometimes colloquially called 'looking like a deer in the headlights'). In general animal freeze because they are not sure that a predator / prey has seen them, it is a state of ultra-high awareness and preparation to move at moment's notice. Freeze states can take the following forms : body becoming rigid, muscles extremely tight {ready to spring out of the way of a predators lunge, getting ready to run, or tearing off in pursuit of prey}, eyes focusing intently on a point in the distance from where the threat is perceived, holding breath or shallow / fast breathing, becoming soundless.

\*\* gather more human specific freeze responses from literature

\*\*Add to section on tonic immobility ?

Muscles extremely tight or loose, 1,000 yard stare, becoming soundless or quieter

/ partially / completely closed, shallow / fast breathing, slow / no verbal answers to questions, flat affect / voice, slowness / lack of physical response, becoming limp (rag doll-like), becoming smaller, a protective curling up into the core by crossing the arms, caving chest in upon itself, or even going into a full fetal position.

## Trauma :

We typically think of trauma as a response to an event that is deeply distressing or disturbing, eliciting "fear, helplessness, or horror" such as when someone experiences "a threat to their life", sustaining "a serious injury", or having their "physical integrity" threatened.<sup>29</sup> However, additional trauma research has broadened the definition to include the nervous system's reaction to perceiving the "self or a loved one in danger" even if danger may not

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<sup>29</sup> <http://www.info-trauma.org/flash/media-e/triageToolkit.pdf> by the Douglas Hospital and McGill University

“actually be present”. The nervous system may respond as though a survival level threat has taken place, even if this behavior is not ‘logical’ {in that it does not ‘follow’ the assumed above definition of trauma}, reacting to “chronic stress, dramatic change, shame, betrayal, or prolonged chaos as if trauma were present”.<sup>30</sup>

Trauma can be elicited in many ways : in the form of a single event, through a series of instances of note over time, as an accelerating on ramp of behavior of one specific person, or even due to constant low grade microaggressions/emotional abuse/gaslighting by society as a whole {as happens in the case of people of particular ethnic groups}. Trauma can be caused by many forces: a person, a type of relational pattern, a group dynamic, and even a cultural system (e.g patriarchy, slavery).

### Complex Trauma

In a testament to our refinement & expansion of knowledge about trauma, modern psychology is also moving towards distinguishing between simple trauma (what we typically think of as trauma) and complex trauma.<sup>31</sup> Complex trauma commonly occurs as a series of experiences and “is usually interpersonal, involves ‘being or feeling’ trapped, is often planned, extreme, ongoing and/or repeated, often has more severe, persistent and cumulative impact, involves challenges with shame, trust, self-esteem, identity and regulating emotions; and has different coping strategies including alcohol and drug use, self-harm, over- or under-eating, and over-work”.<sup>32</sup>

In childhood, complex trauma typically “occurs with repeated trauma against a child... such as when a parent or caregiver has experienced their own trauma, which is still affecting them e.g. from mental illness, drugs and alcohol misuse, or being physically or emotionally unavailable”. Complex trauma in childhood can also be brought upon by “child abuse, neglect, adverse childhood experiences, community violence – domestic and family violence, civil unrest, war trauma or genocide, cultural dislocation, [and/or] sexual exploitation and trafficking”. It is important to note that complex trauma “is not always the result of childhood trauma. It can also occur as a result of adults’ experience of violence in the community e.g. domestic and family violence, civil unrest, war trauma or genocide, refugee and asylum seeker trauma, sexual exploitation and trafficking, extreme medical trauma and/or re-traumatisation.” As a testament to our need to evolve the field of psychology, although “the concept of complex trauma is long-standing, neither the DSM (US manual of mental health disorders) nor ICD (global classification

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<sup>30</sup> <https://courage-counseling.com/role-trauma-trichotillomania-skin-picking-disorder-body-focused-repetitive-behaviors/>

<sup>31</sup> J Anxiety Disord. 2006;20(4):459-72. Epub 2005 Jun 24.  
Simple versus complex PTSD: a cluster analytic investigation.  
Taylor S1, Asmundson GJ, Carleton RN.

<sup>32</sup> <https://www.blueknot.org.au/Resources/Information/Understanding-abuse-and-trauma/What-is-complex-trauma>

of mental health disorders) has included it”, but it slated to be included in the upcoming ICD-11.<sup>33</sup>

### Trauma is Relative

Trauma is relative – what is profoundly traumatic to you may not affect another as deeply, or may not even be considered noteworthy at all. Your unique nature (genetic hardwiring) and nurture (social software and encoded patterns of behavior) will change the valence (psychological parlance for likelihood) that you will have a trauma response activated in your nervous system when experiencing a particular stimulus. Additionally, your triggers can become stronger or weaker over time, and you will be affected differently depending on how resourced you feel in that moment (eg. the ‘straw that breaks the camel’s back’ may be slight when considered in the grand scope, but if it came at a time of low/no resource and capacity, an amplified reaction can be evoked). The context in which you encounter specific triggers also matters, as directly evidenced by the Cognitive Behavioral Therapy treatment technique called Exposure Therapy. Exposure Therapy is a treatment modality that pairs experiencing your trigger within a setting of safety and with the support of a therapist to reduce the severity of a reaction by sequentially desensitizing the reaction or linking the trigger with a favorable or neutral association in the mind.

Each being’s nervous system is different - “some of us are built with a resilient system, while others may be more vulnerable to stress, chaos, or being startled or shamed”. Those with “a more sensitive body/nervous system can hold onto [an] experience for months, years, or even decades” because, in the end, “it is not about the event, it is about how that circumstance was internalized by this survival oriented parts of the brain”. In some people a “visceral, nervous system shifting, traumatic reaction” will happen due to ‘nearly universal’ events such as “being yelled at during a vulnerable time or getting into a fender bender”. When “scars, wounds, and bald spots are visible to people around us” they can prompt “negative responses and the resulting shame and isolation can be traumatic”.<sup>34</sup>

Additionally, although each person will likely have a ‘typical’ type or range of forms of trauma reaction they are ‘familiar’ with or predisposed to, this is not a guarantee that they will respond with the same form even if the trigger is the same. Knowing the distinctive forms that trauma responses can take guides us in how to support ourselves and others through reactions in ways that deescalate the discomfort and communicate to the nervous system that ‘everything is ok’, bringing body back to baseline.

### Anatomy of Trauma Response

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<sup>33</sup> <https://www.blueknot.org.au/Resources/Information/Understanding-abuse-and-trauma/What-is-complex-trauma>

<sup>34</sup> <https://courage-counseling.com/role-trauma-trichotillomania-skin-picking-disorder-body-focused-repetitive-behaviors/>

The trauma response cascade most known to the public / scientifically studied sequence of responses to threat begins with freezing {'deer in headlights'}, which rapidly proceeds to fight-flight. As a whole the field of psychology is less informed about more social forms of trauma response which include : fawning, appraising, submitting, attaching, physically/emotionally/energetically withdrawing, turning inward, numbing, caretaking, codependency, dissociation, and tonic immobility {'playing dead'}.<sup>35</sup> The author looks forward to a time in which we are well versed in all forms of trauma response and hopes that this tome contributes to this crucial cultural change towards greater compassion for these forms of coping with distress. Due to the dearth of general public information on tonic immobility, and the ease with which this reaction can be physically tracked as stemming directly from a trauma stimulus, the author will extensively delve into the research in the clinical psychological research on this trauma reaction later in the 'Meta-Analysis of Tonic Immobility' section. \*\*

### Details on Types of Trauma Response

There is some confusion in the psychological literature as to the difference between a freeze response and a tonic immobility response, as they have in the past both been referred to as a freeze response, but the field of psychology is moving to utilize specific terminology to distinguish the two as separate. \*\*

#### Freeze

Gray (1987) described freeze as a “trauma response comprised of alert or vigilant immobility” with “alert posture, attention aimed at locating the possible danger” (see also Marks, 1987/1991).<sup>36</sup> Freezing is associated with bradycardia (slowed heart rate).<sup>37</sup> “The freeze response, also known as the camouflage response, often triggers the individual into hiding, isolating and eschewing human contact as much as possible.”<sup>38</sup>

Those who have a tendency “toward the freeze response are often mistrustful of others and generally find comfort in solitude. The freeze response may also refer to feeling physically or mentally “frozen” as a result of trauma, which people may experience as dissociation. Freeze looks

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<sup>35</sup> (Ti; Lang, Bradley, & Cuthbert, 1997; Marx, Forsyth, Gallup, Fusé, Lexington, 2008) from Attentional control affects the relationship between tonic immobility and intrusive memories Muriel A. Hagedaars\*, Peter Putman Department of Clinical Health and Neuropsychology, Leiden University, PO. Box 9555, 2300 RB Leiden, The Netherlands. Journal of Behavior Therapy and Experimental Psychiatry. J. Behav. Ther. & Exp. Psychiat. 42 (2011) 379e383

<sup>36</sup> Traumatic Events and Tonic Immobility Arturo Bados, Lidia Toribio, and Eugeni García-Grau, The Spanish Journal of Psychology Copyright 2008 by The Spanish Journal of Psychology 2008, Vol. 11, No. 2, 516-521

<sup>37</sup> Peritraumatic tonic immobility is associated with posttraumatic stress symptoms in undergraduate Brazilian students

Liana Catarina L. Portugal,1 Mirtes Garcia Pereira,1 Rita de Cássia S. Alves,1 Gisella Tavares,1 Isabela Lobo,1 Vanessa Rocha-Rego,2 Carla Marques-Portella,2 Mauro V. Mendlowicz,1 Evandro S. Coutinho,3 Adriana Fisman,2

Eliane Volchan,2 Ivan Figueira,2 Letícia de Oliveira Revista Brasileira de Psiquiatria · January 2012 Rev Bras Psiquiatr. 2012;34:60-65

<sup>38</sup><https://www.survivingmypast.net/the-trauma-response-of-freeze-fawn-as-an-abuse-survivor/>

like spacing out or feeling unreal, isolating [yourself] from the outside world, being a couch potato ... [and having] difficulty making and acting on decisions.”<sup>39</sup>

## Fight

A fight response prompts activation of the sympathetic nervous system, preparing the body to defend itself and incapacitate / subdue / scare off the attacker, battling, and winning against the stimulus.

Those who have a tendency “toward the fight response innately believe power will guarantee the security and control they lacked in childhood.” The trauma response of “fight looks like self-preservation at all costs,” and “this trauma response can manifest in explosive outbursts of temper, aggressive behavior, demanding perfection from others or being “unfair” in interpersonal confrontations.” Although “we typically associate the fight response with men, women can also struggle with anger, though in many cases they direct their anger inward at themselves instead of toward others.”<sup>40</sup>

## Flight

A flight response, which is bound together in the fight response {in so far as the body’s preparation to fight or to flee utilizes the same physical activations}, prompts activation of the sympathetic nervous system to prime for escape, avoidance, and fleeing the stimulus.

Those “who tend toward the flight response are usually chronically busy and perfectionistic. They may believe “being perfect” is a surefire way to receive love and prevent abandonment by important people in their lives.” Thus “flight can look like obsessive thinking or compulsive behavior, feelings of panic or anxiety, rushing around, being a workaholic or over-worrying, [and being] unable to sit still or feel relaxed.”<sup>41</sup>

## Fawn

In this tome I am going to sub-optimally lump appraising, submitting, attaching, physically/emotionally/energetically withdrawing, turning inward, numbing, caretaking, and codependency under this word {even though each of these really deserves its own book}.

A fawn response “is the use of people-pleasing to diffuse conflict, feel more secure in relationships, and earn the approval of others.” Fawning is “a maladaptive way of creating safety

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<sup>39</sup> <https://themighty.com/2020/01/fight-flight-freeze-fawn-trauma-responses/>

<sup>40</sup> <https://themighty.com/2020/01/fight-flight-freeze-fawn-trauma-responses/>

<sup>41</sup> <https://themighty.com/2020/01/fight-flight-freeze-fawn-trauma-responses/>



in our connections with others by essentially mirroring the imagined expectations and desires of other people.”<sup>42</sup>

Fawning can feel like becoming an ‘emotional chameleon’ in which you “try to embody whatever articulation of [yourself] feels the least threatening to the person that [you are] trying to be close to”. If you have a proclivity for fawning behaviors you may : overextend yourself, say ‘yes’ to everything and everyone, eagerly work to “make those [you] care about happy and comfortable”, defer, “make yourself subordinate, try to become smaller, ignore your boundaries and intuition, and minimize your own needs”, rearranging yourself for another person<sup>43</sup>. Fawning can be summarized as excessive relinquishing of personal power to caretake others.<sup>44</sup> Because fawn types struggle to take up space and express their needs, they are more vulnerable to emotional abuse and exploitation.<sup>45</sup>

Those who have a proclivity towards a fawning reaction “seek safety by merging with the wishes, needs and demands of others. They act as if they unconsciously believe that the price of admission to any relationship is the forfeiture of all their needs, rights, preferences and boundaries.” Classic signs of fawning include : being unable to say how you really think or feel, caring for others to your own detriment, always saying “yes” to requests, flattering others, struggling with low self-esteem, avoiding conflict, feeling taken advantage of, and being very concerned about fitting in with others”.<sup>46</sup>

## Dissociation

Dissociation is “a perceived detachment of the mind from the emotional state or even from the body. Dissociation is characterized by a sense of the world as a dreamlike or unreal place and may be accompanied by poor memory of specific events.”<sup>47</sup> Dissociation can feel like : having an out-of-body experience, you are a different person sometimes, your heart is pounding or you're light-headed, emotionally numbness or detachedness, the absence or dulling of pain, an altered sense of time, not remembering how you got somewhere, having tunnel vision, hearing voices in your head, having intense flashbacks that feel real, becoming immobile, or getting absorbed in a fantasy world that seems real.<sup>48</sup>

Dissociation can be viewed as a spectrum upon which fawning is found (the following is authored from the perspective of someone who has a tendency towards a fawning response who

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<sup>42</sup> <https://letsqueerthingsup.com/2019/07/06/7-subtle-signs-your-trauma-response-is-to-fawn/>

<sup>43</sup> <https://letsqueerthingsup.com/2018/06/30/people-pleasers-can-be-drawn-to-toxic-relationships-its-important-to-know-why/>

<sup>44</sup> <https://letsqueerthingsup.com/2019/06/01/fawning-trauma-response/>

<sup>45</sup> <https://themighty.com/2020/01/fight-flight-freeze-fawn-trauma-responses/>

<sup>46</sup> <https://themighty.com/2020/01/fight-flight-freeze-fawn-trauma-responses/>

<sup>47</sup> <https://www.medicinenet.com/script/main/art.asp?articlekey=38857>

<sup>48</sup> <https://www.webmd.com/mental-health/dissociation-overview#1>

is writing for others who have that proclivity). “Fawning often requires that we shut down emotionally. The less we have distinct feelings of our own, the easier it is to adapt to and accommodate the emotions of other people. Sometimes this can lead to dissociating, where we disconnect emotionally. This can show up as daydreaming, spacing out, withdrawing, or even “going blank” when we’re overwhelmed in social situations. If we feel that “fawning” is failing us in an argument, that it won’t work with a particular person, or that we just don’t know how to please someone, we might check out emotionally, or rely on other “escapist” mechanisms so that we no longer have to engage. We’re more prone to anything that involves dissociation because we’re already distancing ourselves from our own emotions for the sake of others”.<sup>49</sup>

### Tonic immobility :

Tonic immobility (also called thanatosis) is an instinctual involuntary physical paralysis response to a threat in which the prey ‘involuntarily plays dead’ and is considered a ‘last ditch effort’ in the series of defense responses previously mentioned.

Tonic immobility (TI) is often “described as the final stage after encountering a predator” and in animals occurs as a death-feigning state, “which may be of evolutionary advantage in that many predators are interested in living prey only”. “The most pronounced features of TI are physical immobility and muscular rigidity, but additional features such as suppressed vocal behavior, analgesia, waxy flexibility and tremors in the extremities have also been reported (Gallup, 1974). However, in TI the prey animal is still highly alert, and features of the event and the environment are still actively processed.”<sup>50</sup>

TI can also be “characterized by pronounced physical and verbal immobility; trembling; sensations of cold and numbness; insensitivity to intense or painful stimulation”<sup>51</sup>; “profound but reversible physical immobility and muscular rigidity; sympathetic and parasympathetic responses; intermittent periods of eye closure; fixed, unfocused gaze or stare; Parkinsonian-like tremors in the extremities; suppressed vocal behavior; analgesia; waxy flexibility (Gallup & Rager, 1996)”<sup>52</sup>; “motor inhibition; increased breathing” (Suarez and Gallup (1979))<sup>53</sup>; and “relative unresponsiveness to external stimulation elicited in a context of inescapable threat”<sup>54</sup>. The Tonic

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<sup>49</sup> <https://letsqueerthingsup.com/2019/07/06/7-subtle-signs-your-trauma-response-is-to-fawn/>

<sup>50</sup> Attentional control affects the relationship between tonic immobility and intrusive memories Muriel A. Hagedaars\*, Peter Putman Department of Clinical Health and Neuropsychology, Leiden University, PO. Box 9555, 2300 RB Leiden, The Netherlands. Journal of Behavior Therapy and Experimental Psychiatry. J. Behav. Ther. & Exp. Psychiat. 42 (2011) 379e383

<sup>51</sup> Traumatic Events and Tonic Immobility Arturo Bados, Lidia Toribio, and Eugeni García-Grau, The Spanish Journal of Psychology Copyright 2008 by The Spanish Journal of Psychology 2008, Vol. 11, No. 2, 516-521

<sup>52</sup> Tonic Immobility in Childhood Sexual Abuse Survivors and Its Relationship to Posttraumatic Stress Symptomatology The online version of this article can be found at: DOI: 10.1177/0886260509334412 J Interpers Violence 2010 25: 358 originally published online 16 June 2009 <https://journals.sagepub.com/doi/abs/10.1177/0886260509334412>

<sup>53</sup> Suarez, S.D., & Gallup, G.G. (1979). Tonic immobility as a response to rape in humans: A theoretical note. Psychological Record, 29, 315-320.

<sup>54</sup> 12. Menescal-de-Oliveira L, Hoffmann A. The parabrachial region, a possible substrate shared by the systems that modulate pain and tonic immobility. Behav Brain Res. 1993;56:127-32. 13. Leite-Panissi CRA, Coimbra NC, Menescal-de-Oliveira, L. The cholinergic stimulation of the central amygdala modifying the tonic immobility

Immobility Scale, which scores for severity of TI response, includes measuring parameters for “paralysis, incapacity to scream, numbness, sensation of cold, fear, [and] feeling disconnected from oneself and the surroundings”.<sup>55</sup>

TI is often “induced by conditions of fear and physical restriction, although it can also occur in the absence of the latter, so the important aspect may be the perceived incapacity to escape (Heidt, Marx, & Forsyth, 2005; Moskowitz, 2004). Tonic immobility is an adaptive response when one does not perceive the possibility of escaping or of winning a fight. In effect, as predators tend to react basically to the movement of their prey, if the latter remain immobile instead of struggling or fighting, the probability of escaping increases because the predator often is distracted and temporarily releases its prey (Bracha, 2004; Marks, 1987; Moskowitz, 2004).”<sup>56</sup> Phrased another way, tonic immobility’s “adaptive value is supported by the fact that the absence of movement increases the odds that a captured animal will escape, as the predator may loosen its grip if it assumes that the prey is indeed dead”.<sup>57</sup>

“TI is thought to be the ultimate response in a series of defense reflexes (i.e., freezing, flight, fight, TI) observed among many animal species that are elicited by circumstances involving imminent mortal danger where escape is impossible (Fanselow, 1994; Gallup & Rager, 1996; Marx, Forsyth, Gallup, Lexington, & Fusé, 2008; Ratner, 1967).<sup>58</sup>

Among animals, TI can only be elicited under conditions in which both restraint and fear occur. Researchers have suggested that TI-like responses occur in about one third to one half of

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response and antinociception in guinea pigs depends on the ventrolateral periaqueductal gray. *Brain Res Bull.* 2003;60:167-78 14. Leite-Panissi CRA, Rodrigues CL, Brantegani MR, Menescalde-Oliveira I. Endogenous opiate analgesia induced by tonic immobility in guinea pigs. *Braz J Med Biol Res.* 2001;34:245-50

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<sup>55</sup> Forsyth, J.P., Marx, B., Fusé, T.M.K., Heidt, J., & Gallup, G.G., Jr. (2000). The Tonic Immobility Scale. Albany, NY: Authors.

<sup>56</sup> Traumatic Events and Tonic Immobility Arturo Bados, Lidia Toribio, and Eugeni García-Grau, *The Spanish Journal of Psychology* Copyright 2008 by The Spanish Journal of Psychology 2008, Vol. 11, No. 2, 516-521

<sup>57</sup> 15. Gallup Jr GG. Tonic Immobility as a measure of fear in domestic fowl. *Anim Behav.* 1979;20:166-9 16. Gilman TT, Marcuse F. Animal hypnosis. *Psychol Bull.* 1949;46:151-65.

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<sup>58</sup> Tonic Immobility Does Not Uniquely Predict Posttraumatic Stress Symptom Severity Murray P. Abrams, R. Nicholas Carleton, and Gordon J. G. Asmundson *Psychological Trauma: Theory, Research, Practice, and Policy* © 2011 American Psychological Association 2012, Vol. 4, No. 3, 278 –284

sexual assault and childhood sexual abuse (CSA) survivors (e.g., Fusé, Forsyth, Marx, Gallup, & Weaver, 2007; Galliano, Noble, Travis, & Puechl, 1993; Heidt, Marx, & Forsyth, 2005) and that these TI-like responses may be a byproduct of intense fear and perceived inescapability experienced by the individual.<sup>59</sup> The research of Fragkaki et.al. echoes the relationship between confinement and TI, stating that “in non-human animals, TI occurs under conditions of restraint (inescapability) and extreme fear. Restraint in humans might also be subjective, though. That is, TI might occur under conditions of perceived inescapability (Marx et al., 2008). Indeed, experimental paradigms that prompted perceived inescapability and stress elicited TI reactions as well (Hagenaars and Putman, 2011; Mooren and van Minnen, 2014). Moreover, TI might also be provoked in situations that remind of the trauma, because these situations are perceived as inescapable stressors (Ehlers and Clark, 2000), and because trauma reminders trigger responses that were shown during the actual trauma (Foa and Kozak, 1986; Lang, 1968).”<sup>60</sup> Furthermore, TI has been shown to significantly correlate with psychological difficulties, including depression, anxiety, and PTSD symptom severity (e.g., Heidt et al., 2005).<sup>61</sup>

In humans, Tonic immobility (TI) is an involuntary state of temporary motor inhibition believed to occur in response to events that provoke extreme fear and the perception of inescapability (Marx, Forsyth, Gallup, Fuse, & Lexington, 2008). The response has been documented for centuries in numerous species (Gallup & Maser, 1977) and is posited to have evolved as an adaptive response to animal predation (Gallup, 1974, 1977; Marks, 1987). “When people experience extremely stressful or traumatic events, they sometimes feel “frozen” or “paralyzed with fear.” Individuals may be unable to move even though they remain conscious and are not physically restrained. For example, during an assault a person may feel frozen or paralyzed with fear and be unable to resist their attacker.”<sup>62</sup> Qualitative accounts of tonic immobility include statements such as “My body felt frozen” and “My legs felt paralyzed”.

In summation, in humans, the primary components broadly comprising a TI response are motor inhibition, inability to vocalize, tremors, subjective feelings of terror, and inability to escape.<sup>63</sup> “Tonic immobility (TI) is an adaptive, reflexive and involuntary defense response, characterized by profound but reversible motor inhibition and muscular rigidity, suppressed vocalization, tremors, intermittent periods of eye closure, and analgesia with evidence of a preserved awareness of the surroundings (Gallup, 1977; Marx et al., 2008). TI has been observed across species and is

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<sup>59</sup> Tonic Immobility Does Not Uniquely Predict Posttraumatic Stress Symptom Severity Murray P. Abrams, R. Nicholas Carleton, and Gordon J. G. Asmundson *Psychological Trauma: Theory, Research, Practice, and Policy* © 2011 American Psychological Association 2012, Vol. 4, No. 3, 278–284

<sup>60</sup> Tonic immobility differentiates stress responses in PTSD

Iro Fragkaki<sup>1</sup> | John Stins<sup>2</sup> | Karin Roelofs<sup>3</sup> | Ruud A. Jongedijk<sup>4</sup> | Muriel A. Hagenaars Article in *Brain and Behavior* · September 2016

<sup>61</sup> Tonic Immobility Does Not Uniquely Predict Posttraumatic Stress Symptom Severity Murray P. Abrams, R. Nicholas Carleton, and Gordon J. G. Asmundson *Psychological Trauma: Theory, Research, Practice, and Policy* © 2011 American Psychological Association 2012, Vol. 4, No. 3, 278–284

<sup>62</sup> Tonic Immobility Does Not Uniquely Predict Posttraumatic Stress Symptom Severity Murray P. Abrams, R. Nicholas Carleton, and Gordon J. G. Asmundson *Psychological Trauma: Theory, Research, Practice, and Policy* © 2011 American Psychological Association 2012, Vol. 4, No. 3, 278–284

<sup>63</sup> Tonic Immobility Among Survivors of Sexual Assault Sunda Friedman TeBockhorst, Mary Sean O’Halloran, and Blair N. Nyline *University of Northern Colorado Psychological Trauma: Theory, Research, Practice, and Policy* © 2014 American Psychological Association 2015, Vol. 7, No. 2, 171–178

thought to occur in life-threatening situations, which are both inescapable and illicit intensive fear. It is believed to be a late defense response when other responses, freezing, flight and fight responses, are exhausted (Bracha, 2004; Hagenaars et al., 2014; Marks, 1987; Volchan et al., 2017). Although often used interchangeably, freezing and TI refer to different responses in the defense cascade (Hagenaars, 2016; Kozłowska et al., 2015; Schauer and Elbert, 2010). Freezing is an early response to danger, aimed at optimally assessing threat and preparing the organism for action (i.e. flight or fight). TI is thought to occur when threat is extremely close, and flight or fight is no option. Several studies have shown that TI has been preserved in human beings. For instance, 21 to 70% of the survivors of sexual assault reportedly experienced TI during the assault (Bovin et al., 2008; Galliano et al., 1993; Hagenaars, 2016; Heidt et al., 2005; Moller et al., 2017). There is data suggesting that the highest TI rates are observed for sexual trauma (during child- or adulthood; Hagenaars, 2016; Kalaf et al., 2015, 2017). In clinical samples, prevalence rates of peritraumatic [occurring near to / around the time of trauma<sup>64</sup>] TI are generally high (43–73%; Fiszman et al., 2008; Heidt et al., 2005).”<sup>65</sup>

Dissociation :

“Peritraumatic dissociation refers to dissociative reactions during a traumatic event and is characterized by alterations in perceptions of time, place, and person. Peritraumatic dissociative experiences include feelings of unreality, depersonalization, disorientation, altered pain perception (a feature of TI), and tunnel vision (Marmar, Weiss, & Metzler, 1997).”<sup>66</sup> The scale identifying whether dissociation has occurred includes statements such as “My ability to feel pain was diminished,” “I had trouble keeping my eyes open,” and, “I felt faint or light-headed.”<sup>67</sup>

Dissociation has been identified as a correlate of (Abrams et al., 2009; Fyfe, Forsyth, Marx, Gallup, & Weaver, 2007; Heidt et al., 2005) and possible precondition for TI (Abrams et al., 2009). Several researchers have linked peritraumatic dissociation to the development of PTSD (Birmes et al., 2003; Brewin, Andrews, & Valentine, 2000; Koopman, Classen, & Spiegel, 1994; Ozer, Best, Lipsey, & Weiss, 2003).”<sup>68</sup> Evaluative instruments for dissociation include the “Peritraumatic Dissociative Experiences Questionnaire (PDEQ; Marmar et al., 1997). The PDEQ is a 10-item questionnaire that asks respondents to recall dissociative experiences (e.g., derealization, depersonalization, amnesia, altered time perception) that may have occurred during the traumatic event. Items on the PDEQ are responded to on a Likert scale ranging from 1 (not at all true) to 5 (extremely true). Sample items include: “My sense of time changed—things seemed

<sup>64</sup> <https://www.yourdictionary.com/peritraumatic>

<sup>65</sup> Tonic immobility differentiates stress responses in PTSD

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to be happening in slow motion”; “I felt as though things that were actually happening to others were happening to me—like I was being trapped when I really wasn’t”; and, “What was happening seemed unreal to me, like I was in a dream or watching a movie or play.”<sup>69</sup>

## Appendix : Peritraumatic Dissociative Experiences Questionnaire & Peritraumatic Distress Inventory\*\*

### Dissociation / Tonic Immobility Meta Analysis

{get ready this part is heady : you are very welcome to skip this section and go to ‘Exercises’}

## Specifications & Clarifications to dispel common conflation between trauma responses

### Distinction between Tonic Immobility and Freezing

Recently there has been a clarification in terminology throughout the field of psychology making a distinction between a freeze response and tonic immobility. Tonic immobility is “a far less investigated peritraumatic reaction in humans” but “has been studied in animals for over three centuries.”<sup>70</sup> A tonic immobility response is considered the last-ditch defense against entrapment by a predator within a sequence of defensive responses, namely freeze, flight, fight, and tonic immobility.<sup>71</sup> Tonic immobility is different from freezing behavior, which occurs early in the encounter stage of the defensive reflex. Freezing is an initial response during which the animal stops moving to avoid detection and shifts resources to locate the predator and is associated with increased responsivity to stimuli and alert posture.<sup>72</sup> Tonic immobility, on the other hand, was

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<sup>69</sup> Tonic Immobility Does Not Uniquely Predict Posttraumatic Stress Symptom Severity Murray P. Abrams, R. Nicholas Carleton, and Gordon J. G. Asmundson *Psychological Trauma: Theory, Research, Practice, and Policy* © 2011 American Psychological Association 2012, Vol. 4, No. 3, 278 –284

<sup>70</sup> 9. Maser JD, Gallup GG. Tonic immobility and related phenomena - partially annotated, tricentennial bibliography, 1936 to 1976. *Psychol Rec.* 1977;27:177-217 10. Oliveira L, Hoffmann A, Menescal-de-Oliveira L. Participation of the medial and anterior hypothalamus in the modulation of tonic immobility in guinea pigs. *Physiol Behav.* 1997;62:1171-8. 11. Monassi CR, Leite-Panissi CRA, Menescal-de-Oliveira L. Ventrolateral periaqueductal gray matter and the control of tonic immobility. *Brain Res Bull.* 1999;50:201-8.

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<sup>71</sup> Ratner SC. In: Gordon JE, editor. *Handbook of clinical and experimental hypnosis* New York: Macmillan; 1967.

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<sup>72</sup> Marks IM. *Fears, phobias, and rituals: panic, anxiety, and their disorders.* New York: Oxford University Press; 1987.

19. Borelli KG, Nobre MJ, Brandão ML, Coimbra Nc. Effects of acute and chronic fluoxetine and diazepam on freezing behavior induced by electrical stimulation of dorsolateral and lateral columns of the periaqueductal gray matter. *Pharmacol Biochem Behav.* 2004; 77:557-66.

20. Vianna DM, Graeff FG, Brandão ML, Landeira-Fernandez J. Defensive freezing evoked by electrical stimulation of the periaqueductal gray: comparison between dorsolateral and

shown to involve motionless posture along with accelerated heart rate under very high threat (Volchan et al., submitted).<sup>73</sup> In short, the distinction between freezing and tonic immobility is embedded in the ability to physically move in response to the stimulus.

### TI and Dissociation

Although the relationship between Tonic Immobilization {abbreviated henceforth as TI} and dissociation is not yet clearly defined, “recent studies have demonstrated an association with these two peritraumatic responses (Fusé et al., 2007; Heidt et al., 2005). TI may result in a pattern of suppressed autonomic arousal to trauma-related stimuli, which has been associated with the experience of dissociation during a trauma (e.g., Griffin, Resick, & Mechanic, 1997; Lanius, Williamson, & Boksman, 2002).”<sup>74</sup> In the author’s personal experience of both tonic immobility and dissociation it feels as though the state of tonic immobility makes dissociation more likely to occur.

The degree to which cognitive overwhelm precedes, defines, or is a necessary precursor to the onset of TI in humans is not currently understood. It is important to distinguish between dissociation and TI, and to note that there is no reason to believe that TI and dissociation are mutually exclusive events. One study by Abrams et al. explored the degree to which dissociation may be a factor in the experience of TI (Abrams et al., 2009) but was not able to identify a systematic relationship between TI and dissociative symptoms. Abrams et. al suggest that “emotional numbing may be related to dissociation and mediated by biological mechanisms resembling those that underlie freezing behavior” (p. 554), a suggestion that is consistent with the

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ventrolateral regions. *Neuroreport*. 2001; 12: 4109-12.

21. Fendt M, Fanselow MS. The neuroanatomical and neurochemical basis of conditioned fear. *Neurosci Biobehav Rev*. 1999;23(5):743-60.

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<sup>74</sup> Tonic Immobility in Childhood Sexual Abuse Survivors and Its Relationship to Posttraumatic Stress Symptomatology The online version of this article can be found at: DOI: 10.1177/0886260509334412 *J Interpers Violence* 2010 25: 358 originally published online 16 June 2009 <https://journals.sagepub.com/doi/abs/10.1177/0886260509334412>

emotional numbing” described in the thematic analysis of Friedman.<sup>75</sup> As Dell (2009) points out, “the word dissociative can be, and has been, applied to a bewildering variety of very similar cognitive/phenomenological phenotypes” (p. 759).<sup>76</sup>

“One of the least well-studied faces of dissociation is peritraumatic dissociation, the type implicated in TI. However, there is some indication that peritraumatic dissociation may be associated with a tendency toward experiential avoidance (Marx & Sloan, 2004), which “occurs when a person is unwilling to remain in contact with particular private experiences (e.g., bodily sensations, emotions, memories) and takes steps to alter the form or frequency of these events and the contexts that occasion them” (Hayes, Wilson, Gifford, Follette, & Strosahl, 1996, p. 1154). Individuals accustomed to avoidant coping strategies may experience a paucity of coping options when faced with an unavoidable and highly aversive event such as SA. Accordingly, they may be prone to peritraumatic dissociation in response to this. In this case, dissociation represents another form of “emotional avoidance behaviors” (Polusny & Follette, 1995, p. 158) for these individuals. Whether or not any avoidant coping options are available in the moment, the urge to use these skills would be noticeable. Participants may have experienced this urge, and this may explain the degree to which they described “checking out” behaviors as voluntary. It bears pointing out that individuals accustomed to a particular coping style, including avoidant, will likely continue to rely on this skill set in the aftermath of an assault. Both experiential avoidance and peritraumatic dissociation are correlated with higher levels of long-term impairment and PTSD after a trauma (Marx & Sloan, 2004; Polusny & Follette, 1995). Perhaps peritraumatic dissociation, experiential avoidance and TI are related in ways that are not currently understood. It may also be worth exploring whether the confusion that marked the onset of the assaults described here [in this study] is in some way related to these phenomena, as much of the cognitive activity surrounding the initial confusion seemed to be aimed at avoiding the reality of imminent assault, or making sense of the experience in some way other than assault.”<sup>77</sup>

Evidence to date suggests an overlapping but distinct relationship between TI and peritraumatic dissociation; on the one hand, dissociation (by definition) interferes with higher cognitive functioning (American Psychiatric Association, 2000), whereas evidence from animal research suggests intact central processing during TI (Gallup, Boren, Suarez, Wallnau, & Gagliardi, 1980). This latter finding is consistent with reports that sexual assault survivors who report TI are able to recall the sequence of events during their attack (Suarez & Gallup, 1979). Specifically, it is possible that respondents who report being frozen or paralyzed with fear may be confounding dissociative reactions...with the physical immobility characteristic of TI (Zoellner,

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<sup>75</sup> Tonic Immobility Among Survivors of Sexual Assault Sunda Friedman TeBockhorst, Mary Sean O’Halloran, and Blair N. Nyline University of Northern Colorado Psychological Trauma: Theory, Research, Practice, and Policy © 2014 American Psychological Association 2015, Vol. 7, No. 2, 171–178

<sup>76</sup> Tonic Immobility Among Survivors of Sexual Assault Sunda Friedman TeBockhorst, Mary Sean O’Halloran, and Blair N. Nyline University of Northern Colorado Psychological Trauma: Theory, Research, Practice, and Policy © 2014 American Psychological Association 2015, Vol. 7, No. 2, 171–178

<sup>77</sup> Tonic Immobility Among Survivors of Sexual Assault Sunda Friedman TeBockhorst, Mary Sean O’Halloran, and Blair N. Nyline University of Northern Colorado Psychological Trauma: Theory, Research, Practice, and Policy © 2014 American Psychological Association 2015, Vol. 7, No. 2, 171–178



2008).”<sup>78</sup> This author reminds readers that there is significant overlap between a TI & dissociation and speaks from a personal experience of sexual assault in which the initial trauma response was a freeze state which was propelled into dissociation at the moment of vaginal penetration.

For more information about Tonic Immobility, please see Appendix A

#### Psycho-education about TI needed

“Psycho-education about the automatic, non-volitional nature of peritraumatic TI may address commonly experienced feelings of guilt and self-blame regarding immobility reactions during trauma (Bovin et al., 2014). Remarkably, many PTSD patients reported moderate or extreme TI during re-experiencing the traumatic event. Previous studies already reported TI during stress inductions, such as trauma scripts (Volchan et al., 2011), unpleasant picture viewing (Alves Rde et al., 2014), and eye closure (Fragkaki et al., 2016). Now, TI also proved to be present during re-experiencing the trauma, a highly relevant PTSD stressor. This is of great relevance, because TI may elicit feelings of uncontrollability and inescapability (Bovin et al., 2008), which are considered to be relevant in the aetiology of PTSD (Foa et al., 1992). As such, re-occurring TI might be an important maintaining factor of PTSD.”<sup>79</sup>

#### Social Factors and Tonic Immobility

Tonic immobility {abbreviated henceforth as TI} is observed as a ‘sole remaining’ defense response in reaction to a predator and occurs only after fight or flight reactions have failed to enable escape from the situation (although the animal does not need to externally exhibit a fight or flight response, as its automatic nervous system may decide that escape is not possible and attempted fight/flight may be a more dangerous or damaging response than immediate TI). TI has both physiological symptoms such as immobility and stiffness, bradycardia, fixed, unfocused eye gaze, parkinsonian-like tremors, and decreased pain perception, as well as subjective symptoms such as an inability to speak or move and feeling fearful, cold, and ashamed (Gallup, 1977). According to the fear hypothesis (Gallup, 1977), TI is commonly hypothesized to occur exclusively during situations that involve physical aggression, as described in reports of rape and sexual abuse (also referred to as rape paralysis). Additionally, it has been shown that organisms in social isolation show more prolonged immobility reactions than organisms that were not socially isolated (Gallup, 1974). Gallup (1974) concluded that: “... social isolation ... could also lend itself to an interpretation of immobility as being related to fear associated with separation from imprinted or familiar companions” (p. 840).<sup>80</sup>

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<sup>78</sup> Tonic Immobility Does Not Uniquely Predict Posttraumatic Stress Symptom Severity Murray P. Abrams, R. Nicholas Carleton, and Gordon J. G. Asmundson *Psychological Trauma: Theory, Research, Practice, and Policy* © 2011 American Psychological Association 2012, Vol. 4, No. 3, 278–284

<sup>79</sup> Tonic immobility during re-experiencing the traumatic event in posttraumatic stress disorder  
Rianne A. de Kleinea,b,\*

, Muriel A. Hagenaarsc  
, Agnes van Minnenb,d, *Psychiatry Research* · June 2018

<sup>80</sup> Feeling psychologically restrained: the effect of social exclusion on tonic immobility Nora Mooren<sup>1</sup> and Agnes van Minnen<sup>1,2\*</sup> <sup>1</sup> Behavioural Science Institute, Radboud University Nijmegen, Nijmegen, The Netherlands; <sup>2</sup>

Additionally, factors such as ‘psychological restraint’ also influence perception of inability to escape, such as if the aggressor is a caretaker, parent, spouse, intimate partner, or someone the victim is dependent on for survival.

## TI and PTSD

In a study of “mixed-gender samples exposed to urban violence ...peritraumatic tonic immobility predicted both the severity of posttraumatic stress symptoms and a poor response to pharmacological treatment in PTSD patients. This finding implies that trauma victims who react with tonic immobility are at high risk for developing PTSD.”<sup>81</sup>

Lending additional credence to this finding is a study which found that “women who reportedly experienced TI during a CSA [Childhood Sexual Assault] episode displayed greater PTSD symptomatology than women who did not experience TI during a CSA episode. TI’s unique relationship to PTSD reexperiencing symptoms suggests that TI may be a critical factor in the development of these specific symptoms. One possible explanation for this specific relationship, posited by Marx et al. (2008), is that the gross motor inhibition or “freezing/paralysis” associated with TI promotes feelings of self-blame and guilt because of being unable to prevent the attack (e.g., Metzger, 1976). These feelings in turn may lead to rumination and/or intrusive thoughts about the traumatic episode (Metzger, 1976; Mezey & Taylor, 1988; Suarez & Gallup, 1979). Others have suggested that the freezing that occurs during TI may itself promote the emergence of PTSD and other posttraumatic sequelae (e.g., Levine, 1997; Ogden & Minton, 2002). Specifically, these authors suggest that the TI response thwarts other more active and adaptive defensive responses from occurring during and after trauma. These failed responses, along with the inability to modulate arousal, can be sources of distressing bodily experiences and ultimately lead to trauma symptoms.”<sup>82</sup>

Researchers theorized that “TI could enhance PTSD development in several ways. First, victims were more likely to be blamed if they did not show active struggling (McCaul, Veltum, Boyechko, & Crawford, 1990), which may result in less post-trauma social support and more negative cognitions about oneself, both predictive factors in PTSD development (Ehlers & Clark, 2000; Ozer, Best, Lipsey, & Weiss). 2003). Second, the intense peritraumatic distress associated with TI may be responsible for later PTSD development, possibly as an indicator of perceived life stress (Ozer et al., 2003) or trauma severity (Brewin, Andrews, & Valentine, 2000). Third, controllability

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Overwaal, Centre for Anxiety Disorders Overwaal, Nijmegen, The Netherlands European Journal of Psychotraumatology 2014

<sup>81</sup> Peritraumatic tonic immobility is associated with posttraumatic stress symptoms in undergraduate Brazilian students

Liana Catarina L. Portugal,<sup>1</sup> Mirtes Garcia Pereira,<sup>1</sup> Rita de Cássia S. Alves,<sup>1</sup> Gisella Tavares,<sup>1</sup> Isabela Lobo,<sup>1</sup> Vanessa Rocha-Rego,<sup>2</sup> Carla Marques-Portella,<sup>2</sup> Mauro V. Mendlowicz,<sup>1</sup> Evandro S. Coutinho,<sup>3</sup> Adriana Fiszman,<sup>2</sup>

Eliane Volchan,<sup>2</sup> Ivan Figueira,<sup>2</sup> Letícia de Oliveira Revista Brasileira de Psiquiatria · January 2012 Rev Bras Psiquiatr. 2012;34:60-65

<sup>82</sup> Tonic Immobility in Childhood Sexual Abuse Survivors and Its Relationship to Posttraumatic Stress Symptomatology The online version of this article can be found at: DOI: 10.1177/0886260509334412 J Interpers Violence 2010 25: 358 originally published online 16 June 2009 <https://journals.sagepub.com/doi/abs/10.1177/0886260509334412>

is considered a key factor in TI as well as PTSD development (Marx et al., 2008). That is, physical restraint or entrapment and intense fear are the two conditions that elicit TI. Animals indeed showed increased susceptibility to TI after an uncontrollable than after an escapable shock (Maser & Gallup, 1974). So as a consequence, individuals with poor controllability capacities may be more vulnerable to experience TI.”<sup>83</sup>

The psychological literature calls for more research and interventions on TI

Describing the phenomenon of TI as it is experienced by survivors is especially important because the ability to accurately understand and describe the nature of the phenomenon is the first step toward accurately identifying, diagnosing, and treating the sequelae of such a response. Second, understanding the phenomenon will give increased opportunities to provide effective interventions. To date, no interventions specific to TI have been identified. \*\*research if interventions specific to TI have been developed since this study in 2014\*\*. <sup>84</sup>

A call for broader awareness of TI as a trauma response

In my tentative tender process of speaking about my sexual assault, the first question asked by the small number of people I shared my story with was always ‘did you scream or fight back?’, to which I replied with a quiet, ashamed, and confused ‘no’. That this was consistently the first question asked (rather than the ‘how can I support you?’ that such vulnerable sharing would have felt supported by) not only revealed the insidious accusations/judgements in this line of questioning but also led me to not speaking about the matter for many years. The question brought me to a place of self-judgement because I could not understand why I did not ‘fight for myself’ or struggle, resulting in me unfairly pinning the complete responsibility on myself for the unwelcome experience. I blamed myself for many years too long simply because I did not understand why my BodyMind<sup>85</sup> dissociated and I externally ‘witnessed’ watched what was happening to my body from the ceiling. It took me nearly a decade to encounter the research on tonic immobility and realize that I had entered an involuntary trauma response of paralysis that was not well known or understood at the time, even by the highly trained psychologists whom I went to seek counselling with. Even later on in graduate school for transpersonal psychology, I encountered marry a mention of Tonic Immobility.

In short review, Tonic Immobility {which may be henceforth abbreviated as TI} is defined by diminished or absent volitional movement accompanied by diminished vocal capacity in

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<sup>83</sup> Attentional control affects the relationship between tonic immobility and intrusive memories Muriel A. Hagenaars\*, Peter Putman Department of Clinical Health and Neuropsychology, Leiden University, PO. Box 9555, 2300 RB Leiden, The Netherlands. Journal of Behavior Therapy and Experimental Psychiatry. J. Behav. Ther. & Exp. Psychiat. 42 (2011) 379e383

<sup>84</sup> Tonic Immobility Among Survivors of Sexual Assault Sunda Friedman TeBockhorst, Mary Sean O’Halloran, and Blair N. Nyline University of Northern Colorado Psychological Trauma: Theory, Research, Practice, and Policy © 2014 American Psychological Association 2015, Vol. 7, No. 2, 171–178

<sup>85</sup> {the author places body before mind rather than the traditional ‘mindbody’ because the stimuli the mind is receiving typically are coming from the body, and because this is a somatic-forward book}

response to a traumatic event. Theoretical descriptions have hypothesized TI as an “evolved predator defense” (Marx, Forsyth, Gallup, Fusé, & Lexington, 2008, p. 74) and noted “psychoeducation regarding its involuntary and defensive nature may help normalize trauma-related reactions” (Zoellner, 2008, p. 98). These overviews have noted that “TI is evolutionarily highly conserved (uniform across species)” (Bracha & Maser, 2008, p. 91) and is experienced by humans across a broad spectrum of critical incidents (Bracha & Maser, 2008; Leach, 2004; Moskowitz, 2004).<sup>86</sup>

Research calls for “subsequent acknowledgment and understanding of the TI response [which] may lead to an increased capacity for abuse survivors to feel more comfortable disclosing aspects of their experience and may also foster a more supportive environment that is sensitive to this dimension of trauma response and its consequences. Further research on this relationship may provide important information for therapists working with sexual abuse survivors, leading to the inclusion of TI assessment as part of their clinical practice, and the recognition that this response is common, associated with negative outcomes, and likely will impact outcomes in those seeking professional help for their sexual abuse-related difficulties.”<sup>87</sup>

Catarina et al. “suggests that screening for tonic immobility in the aftermath of a traumatic event may help to identify victims in need for early therapeutic intervention”. Their study “adds evidence that the occurrence of tonic immobility under traumatic events is far from rare in humans. Information about this involuntary defensive strategy to life-threatening events should be spread to the general public. Knowledge about this “natural” reaction has the power to alleviate [the] shame and guilt of being immobile during a trauma.”<sup>88</sup>

### Preemptive interventions for those predisposed towards TI

Hagenaars et al’s findings also pointed towards potential preemptive actions as well as treatment paths for those predisposed towards TI as a response to trauma via the relationship between cognitive control and memory. “The fact that involuntary memories were found to be associated with self-reported weaker cognitive control (distractability; Verwoerd & Wessel, 2007), as well as with deficient inhibitory control that showed on experimental tasks (Verwoerd, Wessel

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<sup>86</sup> Tonic Immobility Among Survivors of Sexual Assault Sunda Friedman TeBockhorst, Mary Sean O’Halloran, and Blair N. Nyline University of Northern Colorado Psychological Trauma: Theory, Research, Practice, and Policy © 2014 American Psychological Association 2015, Vol. 7, No. 2, 171–178

<sup>87</sup> Tonic Immobility in Childhood Sexual Abuse Survivors and Its Relationship to Posttraumatic Stress Symptomatology The online version of this article can be found at: DOI: 10.1177/0886260509334412 J Interpers Violence 2010 25: 358 originally published online 16 June 2009  
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<sup>88</sup> Peritraumatic tonic immobility is associated with posttraumatic stress symptoms in undergraduate Brazilian students  
Liana Catarina L. Portugal,<sup>1</sup> Mirtes Garcia Pereira,<sup>1</sup> Rita de Cássia S. Alves,<sup>1</sup>  
Gisella Tavares,<sup>1</sup> Isabela Lobo,<sup>1</sup> Vanessa Rocha-Rego,<sup>2</sup> Carla Marques-Portella,<sup>2</sup>  
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Rev Bras Psiquiatr. 2012;34:60-65

& De Jong, 2009) seems to confirm that [cognitive control affects the development of involuntary memories]. For example, lower working memory capacity was associated with relatively high levels of intrusive memories (Klein & Boals, 2001), whereas people with high working memory capacity were better able to suppress intrusive thoughts (Brewin & Beaton, 2002; Brewin & Smart, 2005). Working memory capacity refers to “the ability to control attention to maintain information in an active, quickly retrievable state” (Engle, 2002, p. 20). By definition, [working memory] is at least related to but possibly isomorphic to the concept of executive attention or attentional control. Moreover, self-reported low attentional control was also related to higher intrusive memory frequency in an experimental study.”<sup>89</sup> Hagenaars et al’s study concluded that “attentional control was not directly related to intrusion frequency but it moderated the relation between TI and intrusion frequency. That is, the relationship between TI and intrusion frequency was no longer present in the participants with high attentional control. Attentional control may therefor serve as a protective factor against post-trauma distress.”<sup>90</sup>

Cultivating attentional control is comprised of “attentional focus (the ability to focus attention), attentional shift (the ability to shift attention between tasks), and thought control (the ability to flexibly control thought). Possibly, attentional control is not a predictor of intrusive memories by itself, but rather a protective factor. That is, the effects of PTSD-risk factors such as TI may be diminished by enhanced attentional control. One mechanism may be that good attentional control enhances inhibition or suppression of unwanted memories (Brewin & Beaton, 2002; Brewin & Smart, 2005).”<sup>91</sup>

This study suggests that cultivating attentional control may be a fruitful avenue to explore for pre-emptive skill to build in order to mitigate risk in those predisposed towards TI.

### Clearing up TI misconceptions

This author is sensitive to the potential implications of statements similar to the following common phrase in the psychological literature (here made by Murray et al) that “TI has been conceptualized as the terminal defensive response, occurring after flight and fight behaviors have been exhausted (Blanchard & Blanchard, 1988; Marks, 1987)”.<sup>92</sup> Statements such as these could commonly be interpreted to mean that a TI response occurs only after an externally expressed fight

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or flight attempt has been made. Contrary to this reading of the statement, the body of research suggests that the use of ‘exhausted’ is implied in the sense of ‘considered and then discarded as ineffective’. The author desires to add clarity and specificity to the psychological meaning of the term ‘exhausted’, as there has previously been a cultural ‘trauma response hierarchy’ in which undergoing/demonstrating a fight or flight response has been touted as ‘more indicative’ of Sexual Assault and thus more defensible as a ‘genuine Sexual Assault’ in a legal context (as opposed to a freeze or TI response (potentially demonstrating ‘passive consent’). The author wishes to emphasize that the body of available scientific literature is in agreement with the statement that undergoing a TI response merits greater concern and need for psychological aid as a Tonic Immobility response is an indicator of greater severity in impact of trauma (as the existence of the TI response inherently indicates that the Body-Mind has calculated that other trauma responses would not have resulted in escape, as TI is the ‘last ditch effort’ in the defense cascade). Contrariwise, because TI is correlated with poorer treatment outcomes, it is an indication that there is MORE intensive support needed when this type of trauma response occurs, rather than the current converse norm of casting doubt upon the validity of the response and requesting justification demonstrating harm took place.<sup>93</sup>

#### How mainstream ignorance of TI affects survivors

Although there are preconceived notions & public portrayals of how victims ‘should’ look and behave, everyone reacts differently to sexual assault, and propagating the notion that there is a ‘correct’ response is harmful to victims of assault in several ways.

Firstly, if a victim does not act in the expected manner, first responders may doubt the ‘reality’ of the assault. This bias becomes particularly crucial to consider due to the responsibility first responders have in affecting the prevalence of PTSD in the victim. New research by Dworkin and Schumacher has highlighted that the interactions of sexual assault survivors with community responders after assault play an important role in mitigating distress. Due to the “importance of early experiences in the development of posttraumatic stress (PTS), early contact with formal systems (e.g., health care, criminal justice, social services) and informal responders (e.g., friends, family)...helps to improve community responses to sexual assault and ultimately promote survivor well-being.” The findings of their systematic review indicated that “the quality of services provided and perceptions of interactions with certain responders appear to be associated with PTS” and that “interventions that were perceived positively may be associated with lower PTS up to a year post-assault.”. In summation, their “findings support the importance of offering best practice interventions that are perceived positively, rather than simply encouraging survivors to seek help.”<sup>94</sup>

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<sup>94</sup> <https://journals.sagepub.com/doi/abs/10.1177/1524838016669518?journalCode=tvaa>

Victim blaming culture can also be insidiously embedded in first responders asking questions such as ‘What were you wearing?’ when getting testimony from sexual assault survivors. Two interpersonal intervention roles that have been shown to assist victims are to have sexual assault advocates in hospitals during intake / rape kit testing for psychological support and to explain the options available, and also to have victim advocates who “explain legal procedures and available resources...encouraging and supporting the victim throughout the court process, [and] try[ing] to minimize the physical, psychological and emotional consequence on the crime victim.”<sup>95</sup>

The second way victims are harmed by the inaccurate cultural assumption that there is a ‘correct’ response is through shutting down the victim’s desire to share with others. “Many victims who tell others about their assault must endure a “second assault” in the form of negative reactions, such as victim blaming and disbelief. One third to two thirds of victims may experience such reactions, which have negative mental and physical health effects on the victims.” This “social context of rape” comprises the “broader social norms and attitudes about rape” from which the current “negative social reactions” emanate.<sup>96</sup> This cultural critique is widespread, as “many have criticized society’s response to rape. We know that rape causes much physical, emotional, and psychological damage to victims (Konradi, 2003), and could be accompanied by threats, intimidation, and other acts of mental cruelty (Hampton, 1995). Moreover, the criminal justice system often disappoints or traumatizes victims of sexual assault (Koss, Bachar, Hopkins, & Carlson, 2004).”<sup>97</sup>

Finally, and most tragically, justice being served in the current legal system is profoundly affected by the lack of psychoeducation in tonic immobility.

### TI & the legal system

There is an urgent need within our legal system to recognize tonic immobility as an escalated trauma response, as currently “active resistance can be seen as necessary for a legal or even “common sense” definition of rape. Unless it is clearly too dangerous, as when the rapist is armed, resisting is generally thought to be the “normal” reaction to sexual assault.”<sup>98</sup> In a tragic real-life example, a case in Turin, Italy in February 2017 provoked public outrage when “a court acquitted a man of sexually assaulting a woman because she did not scream.” Although the woman “who worked in hospitals in Turin, said the defendant had forced her into sexual acts and threatened to stop providing her with work if she did not comply, saying ‘enough’ to her colleague who allegedly attacked her” this “was not a strong enough reaction to prove she had been sexually assaulted” and, the judge, acquitting the defendant, said that the woman had not “betrayed the emotion that a violation of her person had to inspire in her”, describing her account as “unlikely”, and saying the assault ‘did not exist’”. When the woman was asked “why she had not reacted to the alleged assault more strongly, she told the court: “Sometimes saying no is enough but maybe

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<sup>95</sup>[https://study.com/articles/Victim\\_Advocate\\_Job\\_Description\\_and\\_Information\\_About\\_Starting\\_a\\_Career\\_in\\_Victim\\_Advocacy.html](https://study.com/articles/Victim_Advocate_Job_Description_and_Information_About_Starting_a_Career_in_Victim_Advocacy.html)

<sup>96</sup> <https://psycnet.apa.org/record/2009-18375-000>

<sup>97</sup> Carmody, Dianne, et al. "Needs of sexual assault advocates in campus-based sexual assault centers." *College Student Journal*, vol. 43, no. 2, 2009, p. 507+. Gale Academic Onefile, Accessed 10 Nov. 2019.

<sup>98</sup> <https://www.scientificamerican.com/article/sexual-assault-may-trigger-involuntary-paralysis/>

I did not use the force and violence that in reality I should have used, but that is because with people who are too strong, I just freeze." During the trial prosecutors said that "the woman had been a victim of repeated abuse as a child by her father".<sup>99</sup> In a final indication of the painful injustices present in the current legal frameworks, "the alleged victim is now facing charges for slander".<sup>100</sup> The author postulates that this woman went into either a freeze or tonic immobility reaction in response to her assault and that, had the judge been educated in this type of trauma reaction's existence, they would have ruled very differently.

Tonic immobility trauma response details are directly relevant to the reformation of the legal system

The common lack in understanding trauma responses also affects other aspects of the legal system, for when a victim's "behavior is not consistent with what is expected, the victim's veracity may be questioned." Behaviors that are contrary to the conventional story of how a victim 'should behave', "such as inconsistent versions of events, a lack of facial expressions, and a seemingly incomprehensible lack of resistance to the attack may cause doubts as to the victim's version of events". Thankfully for victims who experience these 'non-normative survivor behaviors' such as those in the grip of tonic immobility, new "studies on the neurobiology of assault explain the causes behind these behaviors, which are commonly seen in the survivors of sexual assault. Four main chemicals are released in the face of the trauma, including adrenaline and cortisol, to assist with the fight-or-flight response. Opiates or natural morphine to dull pain and oxytocin to increase positive feelings are also released. These four chemicals can be operating simultaneously, so that in addition to the fight-or-flight response, a victim may experience a freeze response. The opiates and oxytocin help the body and mind to survive the attack through a numbing effect. This freeze response that can occur during a traumatic assault means that some victims become literally paralyzed with fear by a neurobiological condition known as 'tonic immobility' or 'rape-induced paralysis.' The rate of rape victims who were affected by this paralysis at the time of the assault may be as high as 50 percent. Because they were unable to move their limbs, it became impossible for them to fight back as they were literally paralyzed by the attack due to the body's "autonomic response."<sup>101</sup>

Trauma can also affect the mind's ability to process memories. "Dr. Lisak explains that repeated assaults can have a cumulative effect so that the victim is not able to encode the information in the correct context or sequence but has intense sensory fragments that can reappear periodically in nightmares or from specific sounds or smells. Victims of earlier sexual assaults will go into the freeze mode much more quickly and so are unable to fight back or recall the incident in the proper sequence. Given time, the victim may be able to remember the events in order. The problem is that when they are interviewed directly after the incident and then later, the interviews

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<sup>99</sup> [https://27esimaora.corriere.it/17\\_marzo\\_21/ha-detto-basta-ma-non-ha-urlato-cadono-accuse-violenza-12beb4d8-0e73-11e7-bc58-c287e833415a.shtml](https://27esimaora.corriere.it/17_marzo_21/ha-detto-basta-ma-non-ha-urlato-cadono-accuse-violenza-12beb4d8-0e73-11e7-bc58-c287e833415a.shtml)

<sup>100</sup> <https://www.bbc.com/news/world-us-canada-39392147>

<sup>101</sup> <https://www.ncsc.org/microsites/trends/home/Monthly-Trends-Articles/2017/What-Judges-Need-to-Know-About-the-Neurobiology-of-Sexual-Assault.aspx>



may be inconsistent due to the encoding and sequencing responses, which are dulled by the release of natural opiates. This inconsistency is then used to question the veracity of the victim's report."<sup>102</sup>

Fascinatingly enough, aspects of the criminal justice system (such as the police) are already aware of this traumatic tendency to alter memory, and it is now time for the policies put in place to protect police officers to also be applied to survivors of sexual assault and other traumas. "Police-training manuals often account for the effect of traumatic events on recall and sequence by recommending that interviews of officers be postponed for a few days in any officer-related shootings. Waiting to interview the officer helps to avoid the inconsistencies that may occur between earlier interviews and later interviews. While waiting to interview sexual assault victims is not always possible, the effect of encoding and sequencing difficulties should be taken into account. A victim's account may differ over time, as the effects of the trauma change over time."

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Another factor that may be present (although 'contrary to what is expected in the mainstream narrative') is lack of affect in victims, first responders take note! "Interviewers may be surprised by the lack of affect expressed by some victims of assault. This is caused by the brain releasing opiates during the traumatic event, which leads to a numbing effect so that the victim appears overly calm rather than hysterical. As the numbing effect wears off, victims may begin to put events into a better sequence but may also begin to feel the physical and psychological pain that the body has essentially blocked. By understanding the effect of trauma on the brain and the body, the behavior and responses exhibited by victims begin to make more sense. While one might expect a victim to be crying and hysterical, some victims may be overly calm and even numb due to the release of natural opiates. Victim's stories may change over time due to encoding and sequencing deficits brought on by the release of hormones in the body. Finally, being aware of the possibility that a victim was literally paralyzed by fear and could not move their limbs adds to an understanding of their behavior in the face of an attack. The criminal justice system should not be a place where victims of sexual assault are retraumatized due to a lack of understanding of the basic neurobiology of trauma."<sup>104</sup>

### Legal changes moving in the right direction

Despite the tragedy of injustices due to lack of up to date psychoeducation in the legal system, there are promising signs that the United States is moving in the right direction. For example, in July of 2017, legislation was passed in Montana updating the state's laws "removing the requirement that victims had to prove they were attacked or threatened in order for an assault

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<sup>102</sup> <https://www.ncsc.org/microsites/trends/home/Monthly-Trends-Articles/2017/What-Judges-Need-to-Know-About-the-Neurobiology-of-Sexual-Assault.aspx>

<sup>103</sup> <https://www.ncsc.org/microsites/trends/home/Monthly-Trends-Articles/2017/What-Judges-Need-to-Know-About-the-Neurobiology-of-Sexual-Assault.aspx>

<sup>104</sup> <https://www.ncsc.org/microsites/trends/home/Monthly-Trends-Articles/2017/What-Judges-Need-to-Know-About-the-Neurobiology-of-Sexual-Assault.aspx>

to qualify as rape. The law now says ‘A person who knowingly has sexual intercourse without consent with another person commits the offense of sexual intercourse without consent.’”<sup>105</sup>

Another example demonstrating this broadminded trend comes from the state of Maryland which in April 2017 changed its laws to reflect that physical force is not always present in sexual assault. “Given that survivors increase their chances of being maimed or killed if trying to physically resist the rape, this bill will clarify that a victim of rape does not have to fight the perpetrator or put up physical resistance in order for the court to hand down a guilty verdict,” said Sen. Delores Kelley.<sup>106</sup> Previous to the passage of this bill “rape survivors in the state needed to provide evidence that they physically resisted during an attack, or their case could be labeled “unfounded” and would not advance to prosecution”.<sup>107</sup> In February 2017, upon independent review of “the county’s “unfounded” rape cases, officials announced that none of the 124 cases could be prosecuted under the law that defined rape as only occurring by “force or threat of force,” but that 30-40 percent could be prosecuted if the law was changed to include all nonconsensual sex”<sup>108</sup>. The author argues that this legal revision does not go far enough in that it requires a victim to verbally state no, which may not be possible for a someone in a freeze or tonic immobility response. Finally, although Maryland has moved justice forward in this bill, contrariwise (and unfortunately), “Maryland is still one of seven states in which women could legally be forced to share custody of children with their rapists.”<sup>109</sup>

In the current legal framework “the courts may be inclined to dismiss the notion of rape because the victim did not appear to resist. Instead, what might be interpreted as passive consent is very likely to represent normal and expected biological reactions to an overwhelming threat. In addition, it becomes important in psychoeducation of rape victims to inquire about and explain such reactions because they might otherwise cause guilt or shame, which can exacerbate the trauma. The increased risk of PTSD and severe depression implies that psychiatric follow up is needed for these women.”<sup>110</sup>

Updated awareness about what constitutes consent is entering the highest levels of government, with the U.S. Justice Department now defining sexual assault as “any type of sexual contact or behavior that occurs without the explicit consent of the recipient.”<sup>111</sup> Other evidence of the sea change occurring is that in 2012 the FBI’s Uniform Crime Report Summary Reporting System updated the 1927 definition of “forcible rape” from “the carnal knowledge of a female, forcibly and against her will”— to ““The penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim.” The modernization of this definition has nationwide implications, seeing

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<sup>105</sup> [https://missoulia.com/news/state-and-regional/govt-and-politics/missoula-legislators-state-leaders-celebrate-reforms-of-state-rape-laws/article\\_2aab6356-a409-5e87-af42-2981ceb769c2.html](https://missoulia.com/news/state-and-regional/govt-and-politics/missoula-legislators-state-leaders-celebrate-reforms-of-state-rape-laws/article_2aab6356-a409-5e87-af42-2981ceb769c2.html)

<sup>106</sup> <https://www.cnn.com/2017/04/18/us/maryland-rape-law-updated-sb-217/>

<sup>107</sup> <https://www.forensicmag.com/news/2017/04/new-maryland-law-no-longer-requires-rape-victims-prove-physical-resistance>

<sup>108</sup> <https://www.baltimoresun.com/news/crime/bs-md-co-sexual-assault-review-20170208-story.html>

<sup>109</sup> <https://time.com/4745731/maryland-rape-law-evidence/>

<sup>110</sup> <https://obgyn.onlinelibrary.wiley.com/doi/full/10.1111/aogs.13174#http://onlinelibrary.wiley.com/doi/10.1111/aogs.13174/full%20>

<sup>111</sup> <https://www.justice.gov/ovw/sexual-assault>

as “the UCR is the national “report card” on serious crime; what gets reported through the UCR is how we, collectively, view crime in this country” because all “police departments submit data on reported crimes and arrests to the UCR SRS” and previous to this change ‘they had to report the smaller number of crimes falling under the more narrow UCR SRS definition”. The governmental brief goes on to state that “this meant that the statistics that were reported nationally were both inaccurate and undercounted. Because the new definition is more inclusive, reported crimes of rape are likely to increase. This does not mean that rape has increased, but simply that it is more accurately reported.”<sup>112</sup> The author applauds this change, as the scope of data gathered affects what programs are funded and to what degree, and this broader definition tangibly means additional vital support for victims of sexual assault.

### Education to bridge the empathy gap

In summary, the current implications for lack of knowledge of the tonic immobility trauma response in rape survivors in the legal system is immense, experts say. If courts demand these people prove they resisted, says Kozlowska, “these courts are actually causing psychological harm to the women and failing to recognize the body’s innate response to serious attack.” Police and soldiers, she adds, also experience tonic immobility in traumatic situations and similarly suffer from unnecessary guilt. Karolinska Institute gynecologist Anna Möller (lead author of a current study) states that it is “critical for rape survivors themselves to understand that their ability to fight was out of their conscious control”.<sup>113</sup> Finally, the urgency for a universal acknowledgement of tonic immobility as a trauma response is needed because when a victim’s behavior is seen as divergent from our cultural idea of appropriate responses to sexual assault, the pervasive undertone of victim-blaming can make the survivor feel responsible for the attack.<sup>114</sup> This can lead the survivor to isolate and not seek help. Widespread education could be instrumental in altering survivor’s interpretations of their behavior after the fact, reducing the severity of their shame, guilt, and pain. The study authors state that education could provide survivors “with evidence that they do not choose the path their bodies ultimately went down.”<sup>115</sup> Thus, survivors will be spared confronting doubt on the part of others and instead get the acute social support they need, healing the harm perpetuated by the lack of awareness in the legal system of the tonic immobility trauma response.

### TI as proxy indicator of PTSD severity

In a non-intuitive reversal of what is currently common practice, instead of casting doubt on a ‘not fighting back’ tonic immobility trauma response, the community of care system should actually be singling out those who go into such a response for extra care, as TI symptomatology is an indication of greater trauma and poorer treatment prognosis. Research into TI states that “traumatic events severe enough to provoke a TI response are likely to occur at the extreme end of the severity continuum and, accordingly, are inherently more likely to result in more severe PTSD (Zoellner, 2008). If this is the case, reported TI may function as a proxy indicator for trauma severity.” Measuring event severity has proven challenging in the past, because, “consistent with

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<sup>112</sup> <https://www.justice.gov/archives/opa/blog/updated-definition-rape>

<sup>113</sup> <https://www.scientificamerican.com/article/sexual-assault-may-trigger-involuntary-paralysis/>

<sup>114</sup> <https://www.scientificamerican.com/article/sexual-assault-may-trigger-involuntary-paralysis/>

<sup>115</sup> <https://www.scientificamerican.com/article/sexual-assault-may-trigger-involuntary-paralysis/>

current PTSD conceptualizations (American Psychiatric Association, 2000), event severity is a largely a matter of subjective experience and efforts to operationalize it are likely to be viewed as arbitrary.<sup>116</sup> Thus, it may be possible to utilize the presence and intensity/extent of TI symptomatology to give psychologists a proxy for measuring subjective event severity, and thus guide treatment plans.

In Heidt, Marx, and Forsyth's research (2005) "over 52% of their sample (n 39) reported experiences consistent with TI in response to episodes of CSA. Moreover, having experienced peritraumatic TI was positively correlated with "depression, anxiety, posttraumatic stress disorder (PTSD), and peritraumatic dissociation" (Heidt et al., 2005, p. 1166). Lexington (2007) also found that TI was associated with poor outcomes relative to controls among female undergraduates. In her study, those in the TI group were more likely to engage in emotion suppression, to experience more severe PTSD symptoms, and to experience increased negative affect, guilt, and shame. Lexington also found that those who had been victimized but had not experienced TI were less likely than the TI group to engage in cognitive reappraisal of their SA experiences during the recovery processes."<sup>117</sup>

#### TI as indicator of deep trauma

A meta-analysis of all the available literature on TI demonstrates that TI is significantly associated with less hopeful prognoses when compared with survivors who did not experience TI (Fizman et al., 2008; Heidt et al., 2005). Survivors who experience TI are at increased risk for "depression, anxiety, posttraumatic stress disorder (PTSD), and peritraumatic dissociation" (Heidt et al., 2005, p. 1166) and respond more poorly "to standard pharmacological treatment for PTSD" (Fizman et al., 2008, p. 196), thus, the implications for treatment are significant, suggesting that TI "should be routinely assessed in traumatized patients" (Fizman et al., 2008, p. 193).<sup>118</sup>

#### TI responses can occur 'at a distance' via films & experiences mediated by computers

##### TI & Social compliance

A surprising finding in research by Hagenaars et al revealed that passively viewing media in a research setting also elicited defense responses. "Although being a mild stressor relative to actual trauma, the film used in the current study still adequately evoked TI. Lang, Davis and Öhman (2000) already suggested passive viewing paradigms mimic actual threat encounters by eliciting feelings of restraint, as the participant is subjectively trapped by experimental instructions

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<sup>116</sup> Tonic Immobility Does Not Uniquely Predict Posttraumatic Stress Symptom Severity Murray P. Abrams, R. Nicholas Carleton, and Gordon J. G. Asmundson Psychological Trauma: Theory, Research, Practice, and Policy © 2011 American Psychological Association 2012, Vol. 4, No. 3, 278–284

<sup>117</sup> Tonic Immobility Among Survivors of Sexual Assault Sunda Friedman TeBockhorst, Mary Sean O'Halloran, and Blair N. Nyline University of Northern Colorado Psychological Trauma: Theory, Research, Practice, and Policy © 2014 American Psychological Association 2015, Vol. 7, No. 2, 171–178

<sup>118</sup> Tonic Immobility Among Survivors of Sexual Assault Sunda Friedman TeBockhorst, Mary Sean O'Halloran, and Blair N. Nyline University of Northern Colorado Psychological Trauma: Theory, Research, Practice, and Policy © 2014 American Psychological Association 2015, Vol. 7, No. 2, 171–178

and social compliance. Empirical findings have indeed confirmed that passive viewing paradigms can effectively elicit basic defense responses (Lang et al., 2000; Roelofs, Hageraars, & Stins, 2010).”<sup>119</sup>

Another study by Hageraars et al. went into further granularity, studying “the impact of hypnotically induced somatoform dissociation (dissociative non-movement) versus deliberate non-movement during an aversive film on intrusion development” and found that “spontaneous somatoform dissociation across conditions was positively related to implicit bias to film-related words and negatively related to explicit recall, but was not related to intrusion frequency. Dissociative non-movement and deliberate non-movement conditions combined had more intrusions than controls. However, the dissociative non-movement group did not have more intrusions than deliberate non-movement and control groups combined.”<sup>120</sup>

#### Bullying / Social exclusion provoking TI responses:

A study on bullying through playing a virtual computer ‘Cyberball’ game expanded the scope of studies on TI and surfaced deep implications for the contexts that create/contribute to trauma. This study attempted to understand why PTSD symptoms are present in victims of bullying even when the bullying does “not involve physical aggression” through exploring ‘relational aggression’ which “involves behaviors such as threatening to withdraw friendship in order to get one’s own way or using social exclusion as a form of retaliation” (cyber bullying, insulting remarks, and spreading rumors also fall into this category). The study authors found that “social exclusion can evoke symptoms of TI, fear, and psychological restraint, which might be important mechanisms to consider in explaining PTSD symptoms after relational forms of bullying in the absence of physical aggression.”<sup>121</sup> Past research determined that “organisms in social isolation show more prolonged immobility reactions than organisms that were not socially isolated (Gallup, 1974).” Gallup (1974) concluded that: “... social isolation ... could also lend itself to an interpretation of immobility as being related to fear associated with separation from imprinted or familiar companions” (p. 840).<sup>122</sup> This study provides a greatly expanded frame for what

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<sup>119</sup> Attentional control affects the relationship between tonic immobility and intrusive memories Muriel A. Hageraars\*, Peter Putman Department of Clinical Health and Neuropsychology, Leiden University, PO. Box 9555, 2300 RB Leiden, The Netherlands. *Journal of Behavior Therapy and Experimental Psychiatry*. J. Behav. Ther. & Exp. Psychiat. 42 (2011) 379e383

<sup>120</sup> The effect of hypnotically induced somatoform dissociation on the development of intrusions after an aversive film

Muriel A. Hageraars, Agnes van Minnen, Emily A. Holmes, Chris R. Brewin & Kees A. L. Hoogduin  
Pages 944-963 | Received 25 Apr 2006, Published online: 24 Jun 2008

<sup>121</sup> Feeling psychologically restrained: the effect of social exclusion on tonic immobility Nora Mooren<sup>1</sup> and Agnes van Minnen<sup>1,2\*</sup> <sup>1</sup> Behavioural Science Institute, Radboud University Nijmegen, Nijmegen, The Netherlands; <sup>2</sup> Overwaal, Centre for Anxiety Disorders Overwaal, Nijmegen, The Netherlands *European Journal of Psychotraumatology* 2014

<sup>122</sup> Feeling psychologically restrained: the effect of social exclusion on tonic immobility Nora Mooren<sup>1</sup> and Agnes van Minnen<sup>1,2\*</sup> <sup>1</sup> Behavioural Science Institute, Radboud University Nijmegen, Nijmegen, The Netherlands; <sup>2</sup> Overwaal, Centre for Anxiety Disorders Overwaal, Nijmegen, The Netherlands *European Journal of Psychotraumatology* 2014

occurrences are interpreted by the mind and body as restraining (even if the physical restraint or aggression component is not present), as well as revealing what social contexts can push the body/nervous system into a TI response.

This non-physical form of restraint is called ‘psychological restraint’, “which involves the subjective feeling of being restrained by others with the power to influence social status, accompanied by a perceived inability to control the social situation”. This feeling is encapsulated by “the belief that control lies with powerful others.... an urge to leave an aversive situation or environment (flight), but being unable to move away from this situation because of social rank factors (Gilbert, Allan, Brough, Melley, & Miles, 2002)...[or being] restrained by partner in relationship (Marx, Forsyth, Gallup, Fuse’, & Lexington, 2008).” This subjective form of restraint is “related to the development of several disorders, including social anxiety disorder (Taylor, Gooding, Wood, & Tarrier, 2011) and psychotic disorders (Schreier et al., 2009).” The study concluded that “subjective appraisals of restraint might be just as important for the emotional or behavioral consequences, as the physical actions during the event”. This study clearly “provides a new perspective on TI as a fear-response and the circumstances in which TI can occur”, expanding the range of impetuses to include “events with relational aggression” as triggers that “could also induce symptoms of TI”.<sup>123</sup>

A freeze response was shown to occur when subjects were shown media of angry faces<sup>124</sup>.

#### TI & sexual assault

A review of the available literature indicates that “TI is thought to be particularly relevant to survivors of rape and other sexual assault” and that “sexual assault is a trauma that appears to entail virtually all of the salient elements associated with the induction of TI in nonhuman animals, namely, fear, contact, and restraint” (Marx et al., 2008, p. 79).<sup>125</sup>

Distinctive thematic characteristics of TI include (from Friedman et. al.) :

Initial overwhelming confusion : crushing confusion; racing thoughts trying to making sense of the Sexual Assault (SA) or at understanding events differently from how they appeared (i.e., in some context other than violence); after an initial period of racing thoughts, mind going “blank”; inability to control thoughts (which felt distressing); confusion; paralyzed by an inability to comprehend unfolding events meaningfully.

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<sup>123</sup> Feeling psychologically restrained: the effect of social exclusion on tonic immobility Nora Mooren<sup>1</sup> and Agnes van Minnen<sup>1,2\*</sup> <sup>1</sup> Behavioural Science Institute, Radboud University Nijmegen, Nijmegen, The Netherlands; <sup>2</sup> Overwaal, Centre for Anxiety Disorders Overwaal, Nijmegen, The Netherlands European Journal of Psychotraumatology 2014

<sup>124</sup> Roelofs, K., Hageraars, M. A., & Stins, J. F. (2010). Facing freeze: social threat induces bodily freeze in humans. *Psychological Science*, 21(11), 1575-1581. <https://doi.org/10.1177/0956797610384746>

<sup>125</sup> Tonic Immobility Among Survivors of Sexual Assault Sunda Friedman TeBockhorst, Mary Sean O’Halloran, and Blair N. Nylund University of Northern Colorado Psychological Trauma: Theory, Research, Practice, and Policy © 2014 American Psychological Association 2015, Vol. 7, No. 2, 171–178

Terror : overwhelming fear at the start of the SA, occurring alongside confusion in a way that made the two seem indistinguishable or inseparable; initial terror yielding to nothingness, or an absence of, or distance from, emotional experiences; “checking out”; strong urge to avoid being mentally or emotionally present during the SA as a self-protective measure; seeking solace through distancing from the events; numbness offering relief from terror and confusion; guarding [survivor’s] inner selves from intrusion or control at the hands of the perpetrator, effectively, opting for the only form of agency available to them when their bodies were not in their control - locking their minds away so that they could not be touched even as their bodies were abused.

Eye closing and avoiding visual contact : urgent desire to not see what was happening; intense urge to avoid seeing the perpetrator – especially the face and/or eyes.

Being “captured inside my own body” : paralysis; inability to move body voluntarily for most or much of the SA; immobility with very sudden onset as the period of confusion and terror gave way to a numbness that eclipsed both physical and emotional sensation; unable to vocalize or diminished vocal capacity; intense urge to flee; strong desire to run away or leave when the SA commenced, accompanied by an inability to do so - either externally imposed (i.e., not physically possible in the face of the perpetrator’s physical control) or internally generated (i.e., a desire to move was experienced along with the realization that volitional movement was not occurring), or often, both.

Physical numbness : not aware of painful sensations during the SA, yet became aware of pain associated with injuries after they knew the SA was over.

Changes at the moment of penetration: particularly stark or vivid memories at the moment when vaginal penetration occurred, accompanied by an awareness of changes in their bodies; variously described as the moment when they began shaking or experiencing creeping coldness, a moment of particularly vivid memory imprint, the strongest impetus to mentally “check out,” and/or the strong desire to avoid seeing the perpetrator’s face; ‘zoned out’.

Clocks and mirrors : gazing at clocks in an active effort to pretend to be elsewhere. describing feelings of detachment as they gazed into reflection in mirror, to avoid perpetrators gaze.

Crystalline memories of perpetrator departure : sensory memories of the moments when the perpetrators stepped away from their bodies and/or left the rooms; vivid memory; feigning sleep to avoid engagement.

Confusion immediately after sexual assaults : return of swirling confusion immediately after realizing the SA was over; onslaught of thoughts focused on figuring out how and what had just happened, and on what to do next; guilt and worry about what others would think about them.

Gradual return to movement : continuing to feel, to some extent, paralyzed and empty, even after SA; lying or sitting still and/or crying as they tried to get their bodies to return to volitional movement; return to movement coming along with a specific goal, usually getting dressed and/or leaving the scene.

Shaking or shivering : uncontrollable shaking or shivering; associated but not attributed to feeling cold.

Physical soreness afterward : soreness in their muscles in the hours and days after the SA that was not associated with any impact or injury; feeling like they had extensively “worked out” their muscles (occurring in the legs, the abdominal area, and/or “all over.”).

Quality of memories : different types or a blend of clear, vivid and sense-laden memories that were closer in nature to flashbulb memories than ordinary narrative memories, and extremely aversive, noting active attempts to stifle, blur, and/or avoid them; choosing not to recall the memories, experiencing them as “fuzzy”; no entirely absent memories or noticeable portions of “missing” time associated with the SA and their immobility.

The shadow of tonic immobility : lasting impact of having become immobile during an SA as the “shadow” of TI; continuing to struggle with and fear being rendered incapable of volitional movement under conditions of extreme duress and terror; repeated, episodic recurrence of something similar but not quite the same provoked by sexual contact, and sometimes by situations involving fear, anger, feeling out of control, or being disregarded, the shadow of TI threatening immobility; momentarily feeling as though they cannot move or cannot move normally; muscle tensing; overwhelming emotion; happening “not physically, emotionally”; feeling like a warning that they may not be safe and/or that their bodies could freeze up.

Subsequent relationships : difficulties engaging in romantic relationships since being sexually assaulted; longstanding and usually still recurring interferences in attempts to be consensually sexual with partners by the shadow of TI and by flashbacks to the SAs; significant difficulties with the emotional engagement and vulnerability required to support a fulfilling relationship.

Guilt and shame : extreme depths of shame and guilt after and about their experiences of being sexually assaulted; for those whose guilt and shame were exacerbated by TI, they described feeling as though they blame themselves for their inability to escape or stop the SA.<sup>126</sup>

#### Narrative trends in TI – in summation

“Diminished or absent volitional movement, accompanied by diminished vocal capacity and the subjective experience of terror are prominent components of the phenomenological experience of TI. Most important among these themes were participants’ experiences of significant confusion, particularly as SA began, and ongoing struggles with the shadow of TI. Other themes that emerged were as follows: the intensity of their desires to avoid visual contact with the perpetrator; the particular significance of certain moments during the SA, including vaginal penetration and the perpetrators’ departures; objects that drew attention such as clocks and mirrors;

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<sup>126</sup> Tonic Immobility Among Survivors of Sexual Assault Sunda Friedman TeBockhorst, Mary Sean O’Halloran, and Blair N. Nyline University of Northern Colorado Psychological Trauma: Theory, Research, Practice, and Policy © 2014 American Psychological Association 2015, Vol. 7, No. 2, 171–178



physical soreness after the SA; and the quality of memories associated with the SA experiences.”<sup>127</sup>

When participants recalled their realization that they were being sexually assaulted, they described confusion, terror, and “a racing mind struggling to force the experience into a familiar category of experience” which evaded them until the “point of overwhelm” when they “began to distance themselves mentally and emotionally”.<sup>128</sup>

“While TI is recognized as a physiologic process that is initiated by the limbic system” but more research is called for “descriptions of a cognitive component of the experience”.<sup>129</sup>

In brief summation, the results of Friedman et. al.’s research concluded that “there are a number of significant themes defining the experience of TI, including significant confusion at the onset of TI including confusion, terror, “checking out,” paralysis, diminished vocalizations, eye closing to avoid contact with perpetrators, and a “shadow” form of TI that poses ongoing struggles for survivors long after the SAs. These themes are offered to help guide our nascent understanding of the construct and experience of TI, as yet not well defined. Such understanding is the first step toward identifying and offering specific interventions to help the population of people affected by TI, who have been identified in prior research as being at markedly increased risk for trauma related problems, including PTSD.”<sup>130</sup>

#### TI as part of a reaction complex and implications for measuring TI

“As research moves ahead in exploring TI, it is worth noting that refining the fear scale of the TIS [Tonic Immobility Scale] may be important in maximizing its utility in identifying and measuring TI (Abrams, Carleton, Taylor, & Asmundson, 2009; Fusé et al., 2007). Most notably within these results, while it is generally accepted that fear is a necessary pre-condition for TI, these participants described an abatement of fear as immobility set in. This suggests that TI and fear may have an inverse relationship to one another as part of a larger, organized response set to a crisis. If this is the case, rather than seeing high scores on both the immobility and fear subscales of the TIS, in cases of extreme immobility it may be that scores indicating fear during the event may drop as immobility scores increase. In this is case; the cutoff scores proposed by Heidt et al. (2005) may not be the best criteria for inclusion on a TI criterion, because this may exclude

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<sup>128</sup> Tonic Immobility Among Survivors of Sexual Assault Sunda Friedman TeBockhorst, Mary Sean O’Halloran, and Blair N. Nyline University of Northern Colorado Psychological Trauma: Theory, Research, Practice, and Policy © 2014 American Psychological Association 2015, Vol. 7, No. 2, 171–178

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<sup>130</sup> Tonic Immobility Among Survivors of Sexual Assault Sunda Friedman TeBockhorst, Mary Sean O’Halloran, and Blair N. Nyline University of Northern Colorado Psychological Trauma: Theory, Research, Practice, and Policy © 2014 American Psychological Association 2015, Vol. 7, No. 2, 171–178

participants with higher immobility scores who felt less fear (and more numbness) during the index event.” This lack of fear likely dovetails with the the familiar endogenous analgesia characteristic of TI.<sup>131</sup>

### Vaginal Penetration and TI

“Moments when vaginal penetration occurred during the SA were described as qualitatively different than other moments. This may be attributable in part to the high degree to which participants found proximity to perpetrators aversive. Heidt et al. (2005) did find that women who reported penile–vaginal penetration during an SA were more likely to report experiencing TI than those experiencing a SA without such penetration. They also found that those reporting penetration scored higher on the immobility scale of the TIS, but not the fear scale. Smith, Webster, Hartesveldt, and Meyer (1985) found that, among rats, vaginal-cervical stimulation “significantly potentiated tonic immobility” (p. 580). What, if any, physical stimuli predispose or provoke a TI response in human beings are not currently known, but exploring this question would help us to understand how human beings experience TI; results here implicate vaginal penetration as an obvious candidate for inclusion in such a category of stimuli.”<sup>132</sup>

### Proximity to Perpetrator and TI

“Much as eye contact and penetration signal progression of the SA, perpetrator departure likewise would signal the end of the SA and may be why these moments were particularly salient in memory and description here. These stimuli may specifically provoke some of the physiologic changes that accompany TI, as they may be experienced as indicators of the relative danger one is in. Nijenhuis, Vanderlinden, and Spinhoven (1998) pointed out that, in animals, “imminence [of a defensive reaction such as TI] varies in terms of space” (p. 245) between prey and predator. Certainly, eye contact in combination with proximity (particularly, perhaps, of a face), vaginal penetration, and perpetrator departure would be significant cues regarding the physical space between assailant and victim and may therefore be cues that impact TI. This particular stimulus, and/or the accompanying awareness that the SA had ended, may be involved in attenuating a TI response.”<sup>133</sup>

### Additional research into details of TI response called for

There are several factors about TI that call for additional research, including how a TI response affects memory and TI’s lingering effects on the body. “It may be that the very vivid memories typically associated with TI peak at specific, significant moments. Available literature

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<sup>131</sup> Tonic Immobility Among Survivors of Sexual Assault Sunda Friedman TeBockhorst, Mary Sean O’Halloran, and Blair N. Nyline University of Northern Colorado Psychological Trauma: Theory, Research, Practice, and Policy © 2014 American Psychological Association 2015, Vol. 7, No. 2, 171–178

<sup>132</sup> Tonic Immobility Among Survivors of Sexual Assault Sunda Friedman TeBockhorst, Mary Sean O’Halloran, and Blair N. Nyline University of Northern Colorado Psychological Trauma: Theory, Research, Practice, and Policy © 2014 American Psychological Association 2015, Vol. 7, No. 2, 171–178

<sup>133</sup> Tonic Immobility Among Survivors of Sexual Assault Sunda Friedman TeBockhorst, Mary Sean O’Halloran, and Blair N. Nyline University of Northern Colorado Psychological Trauma: Theory, Research, Practice, and Policy © 2014 American Psychological Association 2015, Vol. 7, No. 2, 171–178

also does not describe or explain muscle fatigue and soreness in the days and hours after an episode of TI that participants experienced. This would be consistent with the muscle rigidity that is known to characterize TI (Fusé et al., 2007) and may simply be an overlooked aspect of the experience.”<sup>134</sup>

Fusé et al. recommended that “future researchers should explore whether the experience of TI is impacted by the nature of the event that provoked this response.” Additionally they suggest (due to the inability to investigate this in their research during the study cited) to explore “whether TI is a phenomenon that human beings experience along a continuum of severity (i.e., is it possible to experience varying amounts of TI according to person or event, or do people experience it as a discrete categorical event). This is not yet well established (Fusé et al., 2007).”<sup>135</sup> Another study that echoes this research interest is Friedman’s, which was limited in “the need to work within an operational definition that, for the purpose of this work, required a cutoff score on the TIS, [which] limited the ability to include women who may have experienced some version of TI that did not meet this threshold.”<sup>136</sup>

The Bados study showed the “the group with physical/psychological abuse (n = 10) or sexual abuse (n = 3) scored the highest in physical immobility, which, together with the lack of statistical power, advises the suitability of carrying out studies with larger samples in order to clarify whether physical immobility is more or less acute in these kinds of traumas.”<sup>137</sup>

#### The haunting ‘shadow of TI’

Friedman et. al.’s narrative analysis of survivors describes a troubling ‘shadow of TI’ characterized by persistent lingering of TI-reminiscent responses when survivors encounter situations evocative of the original TI-triggering contexts, which has significant implications for survivor’s recovery process. Survivors “described in compelling and consistent ways how they struggle in the present time with a feeling [reminiscent of TI] when they engage in consensual sexual activities that feel similar to, but not the same as, TI. These moments feel threatening and distressing to them, and are perhaps one of the most salient aspects of their experiences. Nijenhuis et al. (1998) noted that animals acquire and preferentially access a TI defense once they have had initial experiences with it. Working strictly within a behavioral framework, these authors point out that “the acquired associations between an extreme aversive stimulus and other stimuli are extraordinarily resistant to change” and highly aversive conditioned stimuli reliably elicit TI in animals (p. 248). In these behavioral terms, participants here may have not only acquired a response to an aversive stimulus, [but additionally that] the response then cannot extinguish when they periodically expose themselves to similar stimuli in the form of sexual contact. Whether the

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<sup>134</sup> Tonic Immobility Among Survivors of Sexual Assault Sunda Friedman TeBockhorst, Mary Sean O’Halloran, and Blair N. Nylund University of Northern Colorado Psychological Trauma: Theory, Research, Practice, and Policy © 2014 American Psychological Association 2015, Vol. 7, No. 2, 171–178

<sup>135</sup> Tonic Immobility Among Survivors of Sexual Assault Sunda Friedman TeBockhorst, Mary Sean O’Halloran, and Blair N. Nylund University of Northern Colorado Psychological Trauma: Theory, Research, Practice, and Policy © 2014 American Psychological Association 2015, Vol. 7, No. 2, 171–178

<sup>136</sup> Tonic Immobility Among Survivors of Sexual Assault Sunda Friedman TeBockhorst, Mary Sean O’Halloran, and Blair N. Nylund University of Northern Colorado Psychological Trauma: Theory, Research, Practice, and Policy © 2014 American Psychological Association 2015, Vol. 7, No. 2, 171–178

<sup>137</sup> Traumatic Events and Tonic Immobility Arturo Bados1, Lidia Toribio2, and Eugeni García-Grau The Spanish Journal of Psychology Copyright 2008 by The Spanish Journal of Psychology 2008, Vol. 11, No. 2, 516-521

shadow of TI is a muted version of TI that continues to reappear in response to tactile or psychological trigger events remains to be seen, but for these participants, this enduring impact of TI was very significant and very distressing.”<sup>138</sup>

Further research requested into the ‘shadow of TI’

“Because it was particularly problematic for these participants, the shadow aspect of the TI experience has important implications both for further research and for practice. Browne and Finkelhor (1986) provided a seminal and thorough overview of the many ways in which relationships can be affected by experiences of abuse, which has been further explored and confirmed by other research (Kallstrom-Fuqua, Weston, & Marshall, 2004; Reid & Sullivan, 2009). However, more research specific to this phenomenon, which has not been addressed specifically in previous literature, would be very helpful in articulating what this is, whether TI is primarily cognitive or physiologic in nature, and the extensive impact it appears to have. It is possible that this “residual” impact of TI is part of a pathway that interferes with the response to extinguish. It keeps the fear and helplessness associated with TI fresh in the minds of survivors, and may predispose them to TI when they are triggered by actual or perceived aggression. In addition to a more precise articulation of what this experience is and how TI happens, research focused on how to help alleviate its impact could be valuable. Bovin et al. (2008) found a highly significant relationship between having experienced TI during a SA and the degree to which participants were affected by intrusive memories and reexperiencing, independent of the fear associated with the SA. Extending this finding, Hagenaars and Putman (2011) found that self-reported levels of attentional control, while significant, mediated this relationship. This implies that memory quality does seem to be heavily influenced by TI, and that some individuals are more able than others to control the degrees to which memories become intrusive and therefore problematic. Thus, it seems that memory processes are affected during TI; however, the causal pathways by which this occurs are unclear at this point.”<sup>139</sup>

Naming and Normalizing TI

Friedman’s research also adds to the myriad of voices advocating for greater education as an antidote to the unnecessary shame, guilt, and isolation that those who experience TI as a trauma response often succumb to. “For those survivors who did experience greater shame and guilt as a result of TI, education and information may be enormously valuable contributions to post facto attributions that survivors make about their experiences. Providing them with some evidence that they did not choose the path their bodies ultimately went down and that others have also experienced a response that was similar in quality and effect may be critical in helping them to navigate to a place of recovery. Validating and normalizing the myriad ways in which people respond to trauma has been demonstrated to be very useful in helping individuals begin to recover a sense of normalcy and health in their lives (Briere & Scott, 2006; Herman, 1997), and this may

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<sup>138</sup> Tonic Immobility Among Survivors of Sexual Assault Sunda Friedman TeBockhorst, Mary Sean O’Halloran, and Blair N. Nyline University of Northern Colorado Psychological Trauma: Theory, Research, Practice, and Policy © 2014 American Psychological Association 2015, Vol. 7, No. 2, 171–178

<sup>139</sup> Tonic Immobility Among Survivors of Sexual Assault Sunda Friedman TeBockhorst, Mary Sean O’Halloran, and Blair N. Nyline University of Northern Colorado Psychological Trauma: Theory, Research, Practice, and Policy © 2014 American Psychological Association 2015, Vol. 7, No. 2, 171–178

be especially true for TI as survivors often do not have the capacity to name or normalize this experience on their own.”<sup>140</sup>

### Potential directions for treatment research

“For those trying to facilitate the recovery of survivors who have experienced TI, these results indicate that an awareness of the continued impact that the shadow of TI has in the lives of those who experience an initial episode could be invaluable. Whether or not current approaches may be useful in helping survivors find successful ways to cope with this repeated intrusion into their lives remains to be seen, but it would seem useful to explore this possibility. Approaches including Eye Movement Desensitization and Reprocessing (EMDR; Shapiro, 2001) and exposure therapies (Shapiro, 2010) may be useful places to begin helping survivors modify and ameliorate their long-standing experiences of feeling threatened by and frightened of the prospect of renewed immobility when they attempt to engage in consensual sexual activities. EMDR has demonstrated efficacy in addressing trauma in general (Shapiro, 2010) and SA specifically (Rothbaum, 1997). Exposure therapies have been effective in helping trauma survivors (Shapiro, 2010), and Hayes et al. (1996) point out that “treatment of abuse survivors should involve, in part, exposure to previously avoided thoughts, feelings, memories and bodily sensations” (p. 1162). However, it should be noted that one study found that having experienced “mental defeat” during a SA was correlated with “inferior response to exposure in rape victims” (Ehlers et al., 1998, p. 457). Whether or not the construct of “mental defeat” may have any association to an experience of TI is a matter of speculation, but may suggest that caution is warranted in exploring the use of exposure therapies as a standalone approach with this particular population of survivors. Cognitive processing therapy is one approach that has demonstrated some success with survivors of sexual violence, and incorporates both psychoeducational and exposure components that may be especially useful when TI is complicating recovery. Marx and Sloan (2004) nominate acceptance and commitment therapy (ACT; Hayes, Strosahl, & Wilson, 1999) as a potentially helpful approach to treating those whose problems stem from some combination of peritraumatic dissociation and experiential avoidance. Nonetheless, providing survivors with strategies to understand their experiences and some freedom to engage in fulfilling sexual expression could, in itself, provide enormous relief from the distresses that continue to plague them in the aftermath of a SA marked by an onset of TI.”<sup>141</sup>

# Exercises

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<sup>140</sup> Tonic Immobility Among Survivors of Sexual Assault Sunda Friedman TeBockhorst, Mary Sean O’Halloran, and Blair N. Nyline University of Northern Colorado Psychological Trauma: Theory, Research, Practice, and Policy © 2014 American Psychological Association 2015, Vol. 7, No. 2, 171–178

<sup>141</sup> Tonic Immobility Among Survivors of Sexual Assault Sunda Friedman TeBockhorst, Mary Sean O’Halloran, and Blair N. Nyline University of Northern Colorado Psychological Trauma: Theory, Research, Practice, and Policy © 2014 American Psychological Association 2015, Vol. 7, No. 2, 171–178

## Journal / Conversation prompts : Opening up discussion about trauma :

What is your trauma history? Are there any specific events or motifs you would like to share? What are your most common reaction patterns to trauma? (For example, the author has a history of dissociating from Body when encountering physical and emotional trauma – this looks like withdrawing, getting distant, disappearing, or if unable to physically escape, consciousness leaving Body and watching self from above).

When playing with a new partner, discussing each participant's known habitual trauma patterns and how they prefer to be supported after they have been triggered or left their body is wise to do ahead of time because someone acutely immersed in a triggered or traumatized state may not be able to verbalize coherently. In the midst of a trigger, someone may not even know what they need because they are so disconnected from their embodied experience that they are unable to track their body state (especially in dissociated states when there is a disconnection to the physical sensations of their body). Even if your partner does not have a history of certain responses to trauma, or has not experienced all the forms of trauma reaction, it is a good proactive measure to discuss in hypothetical terms how they would want to be interacted with if they were in the midst of each of the trauma responses : fight, flight, freeze, dissociate, fawn, submit, appease, attach, and tonic immobility.

For example, if you would happen to dissociate from your body how would you prefer to be interacted with? If you have never experienced this state, to give you a place to start, which of the following ideas of partner support methods would have a calming effect on your nervous system?

Being spoken to soothingly, being held in silence, being swaddled in a blanket, having soft music put on, having an essential oil bottle opened nearby, or perhaps even being left alone until you return of your own volition. If you would like to be immediately brought back into your body, how would you prefer this be done? What are some ways that you may be reached or 'grounded' in a dissociated state?

Is there anything that reminds you of traumatic events that you would like avoided (these 'echoing reminders' are often termed triggers) ?

Triggers :

A trigger "is an external or internal stimulus that activates us into an emotional flashback".<sup>142</sup>  
Triggers are actions or scenarios that carry emotional charge and typically catalyze an unpleasant or

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<sup>142</sup> Complex PTSD \*\* pg. 148

unexpectedly dramatic reaction. “Triggering occurs when a victim, reminded of a traumatic event, is plunged into re-experiencing the original pain and humiliation of that trauma.” <sup>143</sup>

Do you have any personal triggers to be avoided (eg. particular pet names like ‘baby’, cussing, dirty talk, being spoken to in condescending ways, certain terms for body parts, teasing, sarcasm)?

What types of triggered states have you been in? Were there any initial indicating factors that you were on the path to a reaction (eg. face feeling flushed, clammy hands, feeling a desire to close your eyes and have the experience go away)? How have you, early on, interrupted/circumvented a full-blown triggered state after initially tracking the beginning indicators {eg. speaking out loud that you are being triggered, creating distance with the stimulus, turning down the intensity, leaving the room} ? What did your trigger states feel like internally (eg. explore the sensation of each : flight, flight, freeze, faun, appease, submit, attach, dissociate, tonic immobility\*\*condense\*\*)? What do your triggered states look like externally? What are your most common triggered state forms? How do you prefer to be interacted with in each type of triggered state (eg. spoken to soothingly, held, having a blanket brought to you, having water or a grounding snack brought to you, being given a few feet of space but having your play partner nearby and available, being left alone in the room completely, being given a specific comfort object such as a stuffie {stuffed animal}, calling a pre-planned support person)? What helps you exit a triggered state? What helps you ground and come back to body baseline after you have been triggered (eg. shaking to discharge the tension in your nervous system, talking about what happened out loud to someone else who is just listening and not giving advice interrupting, going outside, journaling)?

How to preemptively prepare to support those in dissociated states

In my research on types of trauma and levels of public awareness around each, I have found that the vast majority of people are unaware that dissociation, tonic immobility, and ‘going dorsal’\*\* are trauma responses. This un-acknowledgement is doubly troubling because dissociation and tonic immobility are on the ‘extreme’ side of the spectrum of possible responses, in so far as they designate an escalation in the trauma ladder indicative of a more intense subjective experience that needs greater support. Additionally, tonic immobility is tied to clinical outcomes that are statistically likely to be adverse, such as greater likelihood of PTSD and un-responsiveness to pharmacological treatment. In future tomes, I look forward to covering in depth the more social/interpersonal forms of trauma response such as : fawn, submit, appease, and attach, which are harder to distinguish between as either a response to trauma or as a normal interpersonal interaction, as opposed to the biological clarity and unlikelihood of mis-attributing dissociation or tonic immobility (as there are not commonly held social scripts that freezing or fainting can ‘mean something else’) <sup>144</sup>. Thus, in this tome, I emphasize education around

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<sup>143</sup> <https://www.everydayhealth.com/ptsd/ford-kavanaugh-hearing-triggers-trauma-sexual-assault-victims/>

<sup>144</sup> Which the author would love to write another book covering in depth!

dissociative forms of response as there is less cultural awareness around how to identify such responses and how to support those who have entered these states.

The first step of supporting those in a freeze state is familiarity in knowing how it presents. The freeze response in the animal kingdom looks like a 'deer in the headlights' or a 'squirrel in the road' (as humanimals ourselves we react similarly to our fellow fauna in our fear reactions and trauma).

In addition to the unblinking 'deer in headlights' of freezing in complete stillness ("my camouflage renders me invisible"), which is characterized by hypervigilance, another trauma state is 'playing dead'. 'Playing dead' in the scientific parlance of clinical psychology / the medical field is termed tonic immobility or thanatosis {henceforth abbreviated as TI}. In the realm of somatic psychology this state is termed 'dorsal'.\*\* Tonic immobility is well known in the animal kingdom (and knowledge of this state as a physical meme is evidenced by people training their dogs to 'play dead' and children "playing possum"), and studies on TI in our furry friends abound, but more research and education is needed to bring knowledge of this in humanimals to public awareness.

In our current common cultural understanding of trauma, 'freezing', tonic immobility, dissociation, and dorsal responses are typically incorrectly interpreted as passive consent, especially during sexual activity. This culturally manifests in victim blaming and shaming and is insidiously implied in post-assault judgement of the victim via such leading questions as 'did you scream, fight back, or try to get away?'. This is where common cultural understanding also causes profound legal implications for victims {eg. 'was it a "real" rape? Did you fight back?'}

As a culture, we are just beginning to acknowledge the more internal responses to trauma through increasingly widespread awareness of tropes such as 'shell-shock' or 'the 1,000 yard stare' of soldiers returning from war and experiencing a 'combat stress reaction' {a dissociative reaction to the horrors of war}. In addition to Tonic Immobility in interpersonal reactions, "there are testimonies that a significant minority of people are paralyzed, placing their lives at risk, in catastrophes such as the sinking or explosion of oil platforms, shipwrecks and fires, or airplane emergencies (Leach, 2004)."<sup>145</sup> "Likewise, Marks (1987) reports that a state of paralysis has been described in survivors of attacks by wild animals and in soldiers under machine-gun fire."<sup>146</sup>

#### Summary of Meta-analysis of scientific studies of tonic immobility in humans

Reviewing / meta-analyzing the current body of scientific literature / research regarding tonic immobility generates a 'typical' topography of forms this trauma response takes in behavior, situational characteristics in which this form of trauma response is more likely to occur,

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<sup>145</sup> Leach, J. (2004). Why people 'freeze' in an emergency: Temporal and cognitive constraints on survival responses. *Aviation, Space, and Environmental Medicine*, 75, 539-542.

<sup>146</sup> Marks, I.M. (1987). *Fears, Phobias and Rituals: Panic, Anxiety, and their Disorders*. Oxford: Oxford University Press. [Spanish translation: *Miedos, fobias y rituales 1: Los mecanismos de la ansiedad*. Barcelona: Martínez Roca, 1991].



and associated treatment outcomes. Bados, García-Grau, and Fusté (2015) found that tonic immobility (TI) “is a possible reaction to danger that is facilitated by intense fear, physical restraint and perceived inability to escape”. Bados et al. also found that “only certain features of the events (occurrence of physical/sexual abuse, number of different types of events experienced) and certain reactions to them (perception of how traumatic the events [were], severe fear response) were significant predictors of TI” and that “these predictors explained only 25% of the variance” (in multiple regression analysis). Unfortunately, “the type and characteristics of traumatic events and personal characteristics have been little or not studied” although Bados et. al. suggest that “neuroticism, negative affectivity and perceived lack of personal control or resources to cope with traumatic events— should be investigated”.<sup>147</sup>

Bados et al. identified “four defensive responses linked to the proximity of danger: hypervigilance or freezing, escape, fighting, and tonic immobility (Gray, 1987; Marx, Forsyth, Gallup, Fusé, & Lexington, 2008). Tonic immobility (TI) is characterized by profound physical immobility, suppressed vocal behaviour, trembling, muscular rigidity, a decrease in body temperature (cold sensations) and lack of sensitivity to intense or painful stimuli, although an awareness of surroundings remains. TI is triggered by situations of intense fear and physical restraint, although as it may occur without the latter it is likely that the perceived inability to escape is what matters (Heidt, Marx, & Forsyth, 2005; Marx, Forsyth, Gallup, Fusé, & Lexington, 2008; Moskowitz, 2004). In animals, TI can be an adaptive response when there is no possibility of escaping or winning a fight. In these cases, TI reduces the likelihood that the predator will continue to attack and thus increases the chances of escape and survival (Bracha, 2004; Moskowitz, 2004). TI has not been widely studied in humans, and although some authors argue that it may have an adaptive value in certain situations of physical or sexual aggression where fighting or escape is not possible (see Heidt et al., 2005), it has been found to be moderately correlated with post-traumatic symptoms (Abrams, Carleton)<sup>148</sup> and to be a predictor for the emergence of intrusive memories (Hagenaars & Putman, 2011), the development of post-traumatic symptoms (Bovin et al., 2008; Humphreys et al., 2010; Rocha-Rego et al., 2009) and a poorer response to pharmacological treatment for post-traumatic stress disorder (PTSD) (Fizman et al., 2008; Lima et al., 2010)”.<sup>149</sup>

Tonic immobility “may be typical not only of sexual traumas, but of other kinds of directly experienced traumas as well” especially in situations where there is close physical proximity to the predator.<sup>150</sup> Situations of intense trauma, in which movement is restricted or the body is contacted in a threatening way (as is typical of sexual assault) are more likely to cause tonic

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<sup>147</sup> Bados. Departamento de Personalidad, Evaluación y Tratamiento Psicológicos, Facultad de Psicología. Paseo Vall d’Hebron, 171, 08035 Barcelona (Spain). E-mail: abados@ub.edu Taylor, & Asmundson, 2009; Abrams, Carleton, & Asmundson, 2012; Bovin, Jager-Hyman, Gold, Marx, & Sloan, 2008, Humphreys, Sauder, Martin, & Marx, 2010; Heidt et al., 2005; Rocha-Rego et al., 2009)

<sup>148</sup> Dirección para correspondencia [Correspondence address]: Arturo Bados. Departamento de Personalidad, Evaluación y Tratamiento Psicológicos, Facultad de Psicología. Paseo Vall d’Hebron, 171, 08035 Barcelona (Spain). E-mail: abados@ub.edu Taylor, & Asmundson, 2009; Abrams, Carleton, & Asmundson, 2012; Bovin, Jager-Hyman, Gold, Marx, & Sloan, 2008, Humphreys, Sauder, Martin, & Marx, 2010; Heidt et al., 2005; Rocha-Rego et al., 2009)

<sup>149</sup> Predictors of tonic immobility during traumatic events

Arturo Bados\*, Eugeni García-Grau, and Adela Fusté 2015 *anales de psicología*, 2015, vol. 31, nº 3 (octubre), 782-790 <http://dx.doi.org/10.6018/analesps.31.3.178491>

<sup>150</sup> Traumatic Events and Tonic Immobility Arturo Bados<sup>1</sup>, Lidia Toribio<sup>2</sup>, and Eugeni García-Grau The Spanish Journal of Psychology Copyright 2008 by The Spanish Journal of Psychology 2008, Vol. 11, No. 2, 516-521

immobility. In fact, “research has shown that 37% to 52% of sexual assault survivors report experiencing a set of peritraumatic responses, which include gross motor inhibition, analgesia, and fixed or unfocused staring. This response set closely resembles a set of unconditioned responses, collectively known as Tonic Immobility (TI).”<sup>151</sup>

An extensive continuation of this in-depth Meta-Analysis on Tonic Immobility & Dissociative Trauma responses can be found in Appendix A \*\*

## Indications of Tonic Immobility in Humans

In humans, eyes closing can indicate a tonic immobility state as well as being an indicator of dissociation. Although your play partner may simply be closing their eyes and relaxing into the sensations you are evoking, if your SomaSenZ<sup>152</sup> perceives distance or lack of presence, your play partner may be withdrawing and beginning to enter a disassociated state. If you suspect this is the case, stop what you are doing, engage a ‘prolonged pause’ {more about this technique is in the ‘Nonverbal Communication in Practice’}, and track their response physically and energetically. If there is not a reaction to the halting of the action, verbally check in.

If you suspect your play partner has partially or fully dissociated, encourage them to open their eyes if they have closed them, and ask them to identify three things in their surroundings to bring them back into their physical environment (eg. I see a painting of a green forest on the wall opposite me, a plant in a blue pot, and a notebook on the table next to me). Then ask them to identify 3 physical sensations they are experiencing (e.g I feel the back of my neck resting against a pillow, the warmth of my breath leaving my nose, and my feet as slightly cold without socks). Some of the following questions may be helpful in bringing them back into presence with you.

Where are you? Where did you go? Do you need some space? How can I support you?

If you have a relationship in which you are attempting to understand and reveal your play partner’s trauma patterns the following inquiries may also aid in guide you towards the source pattern of why they left their body.

What do you think caused you to leave your body? Did it happen all at once or was there a leadup (tracking / having a honing practice that is helpful to begin identifying the signals before dissociation)? What caused you to come back into your body? What was helpful in grounding you? What was helpful in the way I interacted with you? What about the process of my support

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<sup>151</sup> Tonic Immobility in Childhood Sexual Abuse Survivors and Its Relationship to Posttraumatic Stress Symptomatology The online version of this article can be found at: DOI: 10.1177/0886260509334412 J Interpers Violence 2010 25: 358 originally published online 16 June 2009  
<https://journals.sagepub.com/doi/abs/10.1177/0886260509334412>

<sup>152</sup> SomaSenZ means using the whole body as a unified sense organ

of you would you want changed? What would have been the ideal environment and actions to support you? What do you prefer we do in the future?

Meditations to practice before dissociation and then to lean on when dissociated :

### Orienting to 5 senses

An orienting meditation practice involves slowly and mindfully noticing each of your five senses. Spend a minute on each sense, observing what you see, hear, feel, taste, and smell. If you move your body or your neck to look around you, move slowly and deliberately. Notice what somatic sensations come up as you become more present to the environment and dilate your awareness. This is one methodology to communicate to your nervous system that you are in a safe space, allowing you to ground and relax any taxing vigilance that may be occurring as a default mode.

### Sensory tracking

Non-judgmentally notice various sensations in your body: tightness, softness, textures, temperatures, urges to move, breathing patterns, organs, blood flow, pressure, etc. Slow down and name each sensation and observe how the phenomena evolve as you bring concentrated attention to them. Try this exercise in joyous times and when relaxed just as much as in the hard times (and note the differences). If noticing sensations becomes disturbing or overwhelming, please bring these concerns to a trauma-informed therapist, as they can be indications of trauma that has been frozen in the body. For reactions that indicate a high level of arousal/reactivity/activation, trained support is recommended so that you can be held in the exploration of the emotional material via the presence of another compassionate nervous system in order to feel safe enough to fully experience and dissipate and distress. \*\*need another nervous system to fully dissipate trauma – peter levine?\*\*

## Self-knowledge Development

### Resourcing & Remaking Routines

The first step in making sure you are well resourced is intimate, detailed knowledge of the self-care practices that specifically support you. Journal about the activities & mindsets that create the foundation for your full vibrancy: daily practices and your upon waking/before sleeping rituals, including specifics about how you acknowledge / attune to your chronotype and biorhythmic cycles of work / recovery.<sup>153</sup>

How can you regularly / routinely implement these practices as the foundation for your life? How can you set yourself up for success? Consider creating : a repeating daily schedule you can cross off (for example : a paper calendar, phone checklist, or scheduled phone reminders),

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<sup>153</sup> For more information about your Chronotype, the author recommends 'Chronotypes' by

writing notices on mirrors, creating cards that you pin in often-trafficked places to jog your memory, associating jewelry with good habits (ie. drinking water), and acquiring materials or tools that you find beautiful to help inspire you in your tasks (eg. a water vessel you love the texture of, a tea pot that allows you to brew enough to share, a handmade hairbrush).

If you find yourself externally motivated by social accountability and pressure, you may be well-served by involving others in encouraging adherence to your self-care rituals as accountabilibuddies {accountability buddies}. Accountabilibuddy actions can take multiple forms : reaching out in a routine system of check ins, providing rewards, or via loving ‘call ins’ urging you to stay true to your self-care tasks. In the initial stages of establishing new habits, having an accountabilibuddy that you trade self-care lists with, and to whom you can send a quick check in message every day (or several times a week once routines are established) can help with compliance. You can also have a reward of taking this ‘check in’ friend out to dinner every week that you are successful in your new habits (or share an equivalent expression of gratitude specific to your relationship). If you are motivated by wider community-held accountability, you can post ‘proof’ daily on social media that you are participating in your task {such as evidence of you exercising or getting outside}. Even if you do not expect to be externally motivated, you may find the friendly social pressure of candidly speaking about your progress and being held publicly accountable for where you may be falling short a powerful motivating force for sticking to your resolutions {you may also receive tips on efficiency, related skill building, media to support you, etc. unexpectedly from your extended network}

Self-care is the essential foundation to being able to help others, and practicing engagement with our internal and external resources regularly is a lifelong resiliency intervention. When in difficult moments, struggling with temptations, or finding yourself overwhelmed by stress, returning to your self-care and self-soothing practices can help ground a panicked nervous system.

### Bibliotherapy, Journaling, & Logging Sensations

“Bibliotherapy is a term that describes the very real process of being positively and therapeutically influenced by what you read...when it is at its most powerful, bibliotherapy is also relationally healing...it can rescue you from...feeling abject isolation and alienation” <sup>154</sup>. If you have a trauma background such as CPTSD, “bibliotherapy can play an enormous role in recovery”. The well-renowned therapist Pete Walker has stated that “my clients who make the most progress are those who augment their therapy session with reading homework”. Pete Walker goes on to say that “this is especially true of those who further augment their reading with journaling about their cognitive and emotional responses to what they have read. I believe that journaling helps build the new physiological and neuronal brain circuitry that occurs as we effectively meet our developmentally arrested childhood needs”. <sup>155</sup>

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<sup>154</sup> Complex PTSD pg. 303

<sup>155</sup> CPTSD pg. 303

Journaling creates a safe space to express anything, at any time, allowing for immense catharsis without fear of judgement. Keeping a journal by your bedside and writing down your dreams can also be a methodology for your unconscious to send messages to your conscious mind or give you a clue as to what you are working through psychologically. When you make journaling a regular practice, the inscribed record can also be used as a tool to allow you to identify/track your triggers, understand activities that are unexpectedly activating, and find patterns of what aids your psychological caretaking (or alternatively, and of equal value, you may determine what degrades your condition / what is best avoided). Through regular record-keeping you may realize that certain times of the day, month, year, trauma-anniversaries, seasonal shifts, or your hormone cycle have a big impact on your mood. Journaling is an invaluable tool for self-discovery and processing, and the more regular and detailed your practice, the larger the data set that you will have to draw from to identify previously invisible patterns in greater resolution / detail.

If you are actively working through or attempting to learn more about a maladaptive trauma response such as fawning or dissociation, be sure to keep a journal on the topic (or make it a specific point to journal about this topic and mark those entries with an easily reference symbol such as a big circled 'F' or 'D' or via underlining or highlighting those portions). Keeping a log of your trauma / dissociation patterns allows you to chart trends in situations, contexts, environmental triggers, and bodily sensations/emotions/thoughts that came up before, during, and after the dissociative event. Over time you will be able to notice trends and be more prepared for potential reactions, and thus you will be able to share triggers with others pre-emptively so they can more deeply support you in the midst of an episode.

### Trauma First Aid / Emergency Grounding

If you encounter someone in an acute unexpected trauma event, the following meditation can help guide them back to presence in their body and integration in their nervous system. You can also use it as an emergency grounding exercise for yourself.

Ask the one you are caretaking if they would prefer to be sitting in a chair or lying down. If they appear to need help in being directed, ask before touching them, and on receiving a yes, gently support them in moving. Guide your patient to a calm and safe space where they can relax in their chosen position. Have them place both of their feet on the floor or lie on their back. If it feels appropriate you can ask them if they would like their hand held or another form of un-intrusive supportive touch.

Narrate the following simple grounding exercise for the one you are caretaking:

Close your eyes if that feel safe. Starting with your feet, notice the sensations in the places where you are contacting the ground (or where your body is contacting the chair). Scanning body part by body part, beginning with your feet, as slowly as you can, work your way up to the top of your head / the tips of your hairs. Feel the air in your lungs. Feel the support of the ground, your primary partner, always drawing you close through gravity. Imagine a color that represents your

current calm collected state. Imagine a bubble of light of this color surrounding your body and radiating out. Use this color as a visual reminder to return to this place of peace. Take as many deep breaths as you need to here, and when you feel centered, open your eyes if they are closed.

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## Breathing

“Inadequate shallow breathing, associated with chronic feelings of fatigue in later life, as compared with healthy deep breathing, are also for the most part learned habits, and may well have some connection with early cutaneous experiences” <sup>156</sup>(pg.114)

Attentive awareness to breath is a methodology for settling the nervous system that can be applied in any context. To keep focus, you can use your hand as a representative bellows to mimic the movements of your airway and lungs. Stretch your hands open upon each inhale and relax your muscles into a loosely closed fist upon each exhale. Keep your jellyfish hand pulsations in synch with the rate and depth of your breath. Notice how your breath naturally gets deep and slow. Try counting to 10 as you breathe in and count down from 10 as you exhale. <sup>157</sup> If you are feeling as though you want to build energy you may try panting with an open mouth or ‘breath of fire’.

## Contexts for Touching

Compared to other cultures **\*\*cite touching\*\***, in the USA & most ‘western’ cultures, we do not engage in much platonic touch. This is due to the overbearing western societal milieu that culturally acceptable platonic touch is reserved for specific relationships (many of which are time bound) – between caregivers and babies, young children and their parents, lovers, close friends, and massage therapists / healers. Although platonic touch is generally culturally acceptable for these groups, touch for them is still only condoned within specific narrowly defined contexts that put additional limitations on the acceptable range of circumstances for contact – such as comforting someone after the death of a loved one, during a diaper changing, or within the bounds of a paid massage session. Overall, most touching we witness occurs between those who are in a monogamous sexually intimate partnership. The types of touch seen most frequently in public is directly regulated by the cultural politics of what is deemed appropriate. Of note is the heated current example of the state of policing breastfeeding in public (as though the act of feeding a child is somehow obscene and needing to occur behind closed doors in private).

Why has touch become suspect?

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<sup>156</sup> Touching, pg. 114

<sup>157</sup> Exercises inspired by some of those found at : <https://courage-counseling.com/role-trauma-trichotillomania-skin-picking-disorder-body-focused-repetitive-behaviors/>

With good intentions but negative unforeseen outcomes we have tried to protect vulnerable populations (such as the young) from manipulative or exploitative touch by making nearly all touch with them suspect. A common example of this is an adult making a big deal of children wrestling among themselves or a kid enjoying their body (such as in self-pleasuring) which instills shame in the children who had purely exploratory intentions. Rather than pushing such behaviors into the shadows through embarrassed or shaming judgement without elucidation, we can instead clearly explain why certain behaviors are not appropriate in public and let children know that they can speak to us / their caregivers in candid transparency if they have any questions. If we choose to continue the harmful practice of shaming and suppressing, children are apt to get their education from the playground or other unfiltered sources (such as pornography) and caregivers will lose the opportunity to put information into an age- and developmentally- appropriate context. The holes that are evident in our past methodology - attempting to limit touch - show their clear downside when a parasitic predator 'grooms' a child / gets a child alone without the protective scrutinizing gaze of society or any internalized guidance from caregivers. If we instead develop children's innate sense of self-protective agency through instilling knowledge of the child's own body sovereignty, and give them the confidence to say 'NO, STOP I don't want you to do that and then tell their caregivers what happened, as they will no longer be able to be silenced and manipulated via their isolation and confusion.

Our rigid cultural gender norms also come into play in the realm of what constitutes acceptable or anticipated touch – women are expected to instinctively coo and care for every child that crosses their path, whereas most male touch of children is not encouraged (thankfully this norm also seems to be slowly changing). This policing and unequal distribution has negative consequences for all concerned – further touch isolating men, removing possibilities for men to express non-sexual physical nurturance, and additionally constricting circumstances in which men can model safe loving nurturing touch to younger people sans sexuality.

### Visible Touch

On account of the cultural milieu of physical contact tending to signify a strong (often exclusive) connection, public displays of touch are highly monitored and attract a lot of 'attention' from scrutinizing witnesses analyzing the meaning of the corporeal link. Due to the dearth of alternative models or contexts for touch the default interpretation is that any touch between peers is often assumed as sexual interest (or at least indicating the potential of such). As a result of this insipid assumption, there are often socially implied or unstated (shadow/subliminal) intentions behind touch, making for murky interrelational waters, and this often creates a covert sense of 'owing' the giver of touch something (such as in the common example of receiving a massage as a lead in to 'owing' the giver sexual touch). These disguised drives dangerously dovetail with the current cultural overtone of relentless goal pursuit, extending this pressure into the social practice of the sexual treadmill (meaning the implied escalation of physical intimacy towards the ultimate 'home-run' goal of copulation).

Instead of sensibly preventatively teaching listening skills and vocal/expressive boundary management, to protect 'vulnerable' populations we insipidly imply that nearly all touch is suspect because it often can indicate a desire to escalate along the 'sexual treadmill' (with the ultimate goal held as the 'home run score' of Penis-In-Vagina (PIV) intercourse). The author believes that in large part touch has become suspect due to its rarity. This rarity imbues touch exchanges with a highly charged aura of attention, suffused in a scarcity mindset of 'get what you can when you can' of pursuing limited, rapidly expiring chances of opportunity.

What would shifting from a model of expiring to inspiring intimacy feel like?

Teaching healthy boundary management

Unspoken beliefs (such as 'touch is only appropriate within a monogamous sexual relationship') and the lack of models for clear conversation around contact constrain the situations in which humanimals are socially supported in engaging in touch and speaking about their preferences, needs, and desires.

Rather than nixing all touch as potentially suspect, a strong solution that addresses the root of this issue is teaching children (and indeed all people) self-confidence in expressing clear boundary management. This could include lessons on : how to know where boundaries are, examples of healthy boundary dialogues, how to know if someone is respecting your boundaries, self-confidence in communicating (vocally and physically) when a play partner is approaching a boundary, and how to direct partners to actions would make you feel more comfortable. Through this pre-emptive methodology we return the onus of the matter to a proactive place – teaching relational skills that allow each individual to determine what is appropriate for them in the moment rather than relying on static, restrictive, antiquated proscriptions (which inherently can never cover every single persnickety nuance of every single situation). The author has sought to cover the material such a course would teach in this tome.

Additionally, through increasing self-confidence in clear easeful expression, we diversify the routes to preserving our wellbeing rather than being solely reliant on our play partner's perceptiveness to checking in. Certainly, in an ideal frame, all our play partners would be well educated in tracking us / their playmates and checking in, but in case they are acting in a distracted, selfish, or ignorant manner (or merely claiming such) – your self-defense safety net of confident self-expression and practiced gumption to stick up for yourself is indispensable. Therefore, through developing skills that allow us to assuredly impart our inner experience externally through expression we expand our ability to safeguard ourselves through championing communication (with the necessary caveat / integral flipside skill set development that the others are listening on multiple channels).

Invitation without Expectation / De-coupling Touch from Assumption of Sexuality



Through the meme of ‘invitation without expectation’, the author is striving to decouple the assumption of touch as inherently indicating sexual interest, as it limits our range of expression. This shorthand contains within it the understanding that the invitation or gift of touch does not have within it the unexpressed expectation of reciprocation of a specific form. This type of transparent experience of giving the possibility of a sensation or experience works particularly well for platonic touch exchanges in a low risk public environment. If you do have specific intentions behind your touch the honest thing to do is to share your desires to make sure your partner can provide informed consent in alignment with your aims (thus more clearly calibrating expectations).

‘Invitation without expectation’ also implies that just because something was vocalized does not mean it needs to be acted on or immediately acquiesced to. Indeed, it is courteous, considering, and in alignment with constructive consent practices to allow your partner ample time to respond so that they can tune into their truth without time pressure (a ‘prolonged pause’ is one example of non-verbal spaciousness described in detail below).

Communicate don’t speculate – use a Prolonged Pause to allow pondering via Premeditation Contemplation

If a time buffer has passed since your ‘invitation without expectation’ and your play partner returns salivating at your open-handed offer eager to engage from ‘contemplation titillation’ (positively pleading is an ideal to strive for) you can be assured that they are in a ‘premeditated mindset without regret’. This ‘evaluation accommodation’ period allows sufficient processing time for partners to pre-emptively contemplate and comprehensively address any ‘sticky’ potential places of ‘rushed regret’ (thus avoiding an antagonistic future).

A pause to ponder allows contemplative titillation in your responder (so you can be sure they are in a meditated mindset without regret) ! Plentiful pauses to ponder allow your responder spaciousness to find a fit for full participation, and allow ample accommodation for any adjustments or needs. Communication allows for calibration and is essential for true collaboration !

On the flip side, as a receiver, first go through the ‘reel of experiences’ with the ‘Hibernate to Educate’ Journal Prompt in your head and on paper and then tune into your body’s reactions in vivo in subsequent related exercises – do your memories, expectations, and experiences match? If not, the points of mis-alignment are prime for potent learning and pointed examination. \*\*

Journal : Hibernate to Educate

In the following Journal Prompt, reflect on all combinations of the following two sets of possibilities for interactions in your past :

did/not go well

&

were/not high stakes {a proxy for high stakes is often high emotionality}.

In what context do you find you have trouble expressing yourself? What aspects of these interactions would serve you well in your self-care to carry through all your engagements? What are some solutions to issues that seem to have a common thread?

The following follow-up prompt is best done initially after receiving a fresh offer, but you can also use these inquiries to reflect deeply on past offers that were emotionally salient / memorable :

Upon reflection of your reactions to receiving an offer tune into your body's initial subtle sensations even if you believe you are a full YES - watch your body's signals to gain a sense of how your body speaks yes/no to you in your custom corporeal language.

How does your body express when it communicates loudly? How does your body speak subtly when the dial is turned down? Are there aspects of the offer that you are an easy yes to? Where is your 'no' line? What aspects are you a yes/no/maybe to? Do you need more specificity or information? Where might you have a twinge of uncertainty or hesitation?

Ask for detail – discharge the danger of indistinct indirectness. Articulate accuracy amplifying asks to alleviate any ambiguity that could result in mis-alignment.

Do you need to ask for more space or time to make the decision? Are there needs that are crowding your mind that are dominating your attention? Do you need to take a bio break to refresh and reconsider? In a situation in which you were a no, maybe, or partial yes, what counteroffers would you propose {that you are a heavens yes to}?

### Preparative Narrative / Anticipation Narration

The 'Premeditation Contemplation' method can be dovetailed with 'describing what you will do in detail before you do it' (as if you are pretending you are narrating a steamy pulp erotic novel with yourself and your play partner in starring roles!). This 'Preparative Narrative' has enchanting, entrancing, and enhancing effect of 'boiling the water' of arousal through imaginal fantasy time. This verbal foreplay can both allow you a safe 'dry run' to see what your partner is interested in (HINT - make special note of the moments in your tantalizing tale telling when: they blush, their eyes widen, their fingers go to their mouth, their breathing changes,

when they give a sly smile, when they let out a laugh, or when they look up at you through their lashes, etc.).

You can even adjust your tactics with the knowledge that those acculturated as female tend to take in their erotica through reading (in that female-bodied beings in general are stimulated by descriptive detail, and whereas you may opt to woo them through story spell spinning - allowing them to 'feel through fantasy') and that those raised as male tend to prefer to watch erotica (in that male-bodied beings are in general visually stimulated, and whereas you may opt to woo them through acting out what you would do to them on yourself or showing what you want them to do to you).

This 'preparative narrative', be it in the form of sensual storytelling or erotic enacting, lets your partner in on your fantasy forecast for the future in a languid luscious lengthening of the luxurious liminal space between offer and action. This tantalizing tale / 'narration for anticipation' generates lubrication of the situation so that all parties are prepped and panting for the physical culmination of the delicious description / tantalizing theatric. The preparative narrative is a legendary litmus test in which gauging interest also doubles as an arousal builder of Pre-MOAN-itional pleasure potentiation.

Making your play partners beg for your previously made offers is a fun flirty way to build erotic tension while also engaging strong explicit consent practices.

#### The Dark Side / Reverse - Dangers of Implicit Intention behind touch

The reverse of an 'invitation without expectation' is 'invitation with clear expectation'. If expectations exist in exchanging touch, express them upfront, otherwise, the lack of clarity can not only cause confusion, but can be maliciously manipulated by those with a predatory mindset. A trope frequently encountered within the theme of 'touch with strings attached' occurs when one person offers a massage to another to whom they are sexually attracted to. At the end of the kneading session the unstated 'expectations' of the 'gift' become clear when the giver expects reciprocation in kind or, more manipulatively, moves toward escalating touch towards sexual intimacy. This example is not shared to demonize unambiguously articulated massage trades, but to elucidate the importance of clarity in intention behind touch so that all can enthusiastically participate with fully informed consent. This situation can be ameliorated through clearly discussing expectations of reciprocity (and even hopes) before the touch commences so that guilt in 'owing someone' is not used as a tactic to create an insidious un-negotiated power imbalance.

When the intention behind touch is not made explicit, unconscious fears and assumptions can create uncertainty in the receiver and allow manipulators the space to blame lack of specificity or speed for a victim's violation. This smokescreen allows the perpetrator to distract and disguise themselves under the cover of ignorance rather than speaking what may

be the damning truth – confessing their disinterest or lack of effort in identifying whether their prey was enthusiastically consenting to the acts in question. Thus, the accused can blame the situational context and lack of understanding for the gap that allows them to fulfil their selfish desires without consideration for the victim’s satisfaction or lucidity. When the impetus behind the touch becomes explicit and the onus is on constant consent, excusing nonconsensual behavior with “I didn’t know what they meant” or “it all happened so fast” will soon become a thing of the past.

Solving this pernicious problem involves encouraging communication frequency, clarity, and breadth. This can be done through encouraging constant check-ins (including both verbal and physical communication), increasing the vocabulary and specificity of terms, and dilating receptivity / increasing attunement to encompass greater information density. Accountability lies with all parties engaged in the touch – the giver’s responsibility is to check in, monitor communication channels, and acutely calibrate / adjust, and the receiver’s responsibility is to express their inner experience with depth, clarity, and timeliness.

**When in doubt, speak it out.**

How to get a reputation as a mind reader {hint: become a body-language reader}

If the concept of constant check-ins feels overwhelming, know that attunement is a skill set that can be learned and practiced as any other. Although ‘constant check ins’ may at first blush feel like a high bar, this phrase is used to emphasize the constant collaborative nature of co-creating a consensual space. Practice sections in this tome introduce tools and techniques to create space for communication such as pausing the action momentarily (employing a ‘Prolonged Pause’) and the use of an arousal building tool called a ‘Preparative Narrative’. Constantly checking in is a practiced skill that becomes effortlessly ingrained over time and is another way of describing the attunement that naturally grows from the desire to care for another being.

In order to visualize yourself in a ‘constant check-in’ attunement state, you can observe or contemplate the behaviors of those who have needed to cultivate this skill to succeed at their employment. Common examples of those who are likely to have developed a ‘constant check in’ skill set may include: accomplished therapists, bodyworkers, empaths, parents with infants, animal whisperers, and renowned lovers (both historical and personal).

Benefits to honing these ‘constant consent’ attunement skill sets include: people thinking that you can read their mind, understanding someone’s unspoken motivations, knowing when people are telling you the truth, increased understanding of babies / children / pets, feeling a sense of flow in moving and interacting with others, and *being* an unforgettable lover.

## When Over-communication becomes under-communication

One may conceptualize this sea change towards 'constant consent' as a shift in the current status quo towards a penchant for over-communication. What is currently considered 'over-communication' may indeed in the future be seen as laconic and lacking in both nuance / frequency (especially if the singularity proponents succeed and we collectively reach the point at which we can mind-meld and communicate through consciousness itself). Our standards for tracking each other's responses continue to rise, and with this comes more easeful and profound communication. When we expand our abilities to track non-verbal communication, we can continue to be in connection and resonance without needing to bureaucratically run down a contractual verbal checklist to get a yes for every slight change in physical action. When we non-verbally maintain connection through tracking, we are in a perpetual physical dialogue - getting non-verbal yesses through body-based communication and staying in resonance with our partners.

Through expanding depth of dialogue and forms of interaction, we increase our chances to practice attunement skills and gain additional additive benefits inherent in raising the general communication skill level of the populace. Communication skills serve us especially well when we are interacting with those whom we have not yet established historical rapport / patterns, interacting with those who challenge us, and when engaging in activities in a short or compressed time frame (high speed/pace).

### Everyone needs touch

All humans need touch to thrive. Babies even need touch to survive! Orphanages, otherwise known as 'foundling homes', were initially befuddled when their infants who were otherwise completely taken care of (food, shelter, warmth, etc.) 'failed to thrive' and were dying. Once the babies received physical affection each day the trend dramatically reversed.

It is worth quoting Touching at length here to share the details of this :

"Infants deprived of their accustomed maternal body contact may develop a profound depression with lack of appetite, wasting, and even marasmus leading to death. As a result of these findings volunteer women now attend some of the children's hospitals to provide infants that are fretting with periods of handling, caressing, rocking, etc." <sup>158</sup>

"During the nineteenth century more than half the infants in their first year of life regularly died from a disease called marasmus, a Greek word meaning 'wasting away'. The disease was also known as infantile atrophy or debility. As late as the second decade of the twentieth century the death rate for infants under one year of age in various foundling institutions throughout the United States was nearly 100 percent. It was in 1915 that Dr. Henry Dwight Chapin, the distinguished New York pediatrician, in a report on children's institutions in

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<sup>158</sup> Touching, page 97

ten different cities made the staggering disclosure that in all but one institution every infant under two years of age died.”<sup>159</sup>

“Recognizing this in the late twenties, several hospital pediatricians began to introduce a regular regimen of mothering in their wards. Dr. J. Brennemann, who for a time had attended an old-fashioned foundling home where ‘the mortality was nearer 100 percent than 50 percent’ established the rule in his hospital that every baby should be picked up, carried around, and ‘mothered’ several times a day. At Bellevue Hospital in New York, following the institution of ‘mothering’ on the pediatric wards, the mortality rate for infants under one year fell from 30 to 35 percent to less than 10 percent by 1938.”<sup>160</sup>

“These are the words of the thirteenth-century historian Salimbene. ‘For they could not live without the petting...’ This observation constitutes the earliest known pronouncement on the importance of cutaneous stimulation for the development of the child.”<sup>161</sup>

Engaging in platonic touch releases endorphins and oxytocin (the bonding, love hormone) into the body, increasing feelings of well-being and connection. These compounds also decrease stress, promoting the parasympathetic recovery process of ‘rest and digest’, allowing the immune system to operate at its highest efficacy.

#### Touch boosts the immune system

A few thought provoking studies and quotes from *Touching – The Human Significance of Skin*, clearly demonstrate that receiving loving touch boosts immunity.

“Surveying the research studies on animal and human responses to touching, one is impressed by how frequent are the marked advantages in health, alertness, and responsiveness of those who have been ‘handled’ as compared with those who have received minimal or no handling. Weininger, in an early unpublished study of ten infants beginning at ten weeks of age, whose mothers were taught to stroke their infants’ backs, reported that at 6 months of age these infants had fewer sniffles, cold, vomiting, and diarrhea than the infants in the control group, whose mothers had not been taught to stroke their infants. What is becoming increasingly evident is that underlying these and many other differences are significant changes in the structural and interrelated functions of the nervous and immunological systems.”<sup>162</sup>

“The mounting evidence that the skin has an immunological function has recently been confirmed by a number of independent investigators. The skin, it has been found, more particularly its most superficial layer, the epidermis, produces a substance immunochemically indistinguishable from thymopoietin, the hormone of the thymus gland active in producing T-cell differentiation. T-cells are responsible for cellular immunity. They are called T-cells because,

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<sup>159</sup> *Touching*, pg. 98

<sup>160</sup> *Touching*, pg. 99

<sup>161</sup> *Touching*, pg. 102

<sup>162</sup> *Touching*, pg. 198

following their origin in the embryo from lymphocytic stem cells in bone marrow, they migrate (at least half of them do) to the thymus glands, where they are processed to become T-cells. In some way not yet understood the thymus confirms immunological competence upon the T-cells, the ability to differentiate into cells capable of performing specific immune functions. There are thousands of such individually different T-cells, each able to react to a specific antigen and destroy it.”<sup>163</sup>

“Dr. Martin Reite and his colleagues at the Developmental Psychobiology Research Group at the University of Colorado Medical Center have found that infant Bonnet monkeys (*Macaca radiata*), upon separation from their mothers for 2 weeks, suffer from suppressed immunological functioning. In being restored to their mothers after the 14-day separation, their bodies return to a normal lymphocyte proliferation. A similar depression of lymphocyte response was observed in a pair of pigtailed monkeys (*Macaca nemestrina*) who had been raised together until, at 17 weeks, they were separated for an 11-day period, and then reunited, when their lymphocyte response return to normal.”<sup>164</sup>

#### Touch isolation – touch starvation

Today many (if not most) people in the US are touch-starved, especially those raised as male and those in vulnerable populations such as the elderly and infirm. It is the author’s personal belief that many ‘crimes of passion’, rapes, and violence against women (and in the end, all people) are due to an unfortunate majority of males and other folk being touch-starved. \*\*\*cite \*\* Men who travel on business hire prostitutes just to touch them lovingly.\*\* The shadow of a touch-starved and touch-judgmental culture is dark, depressive, and deprives us of the potential of bountiful daily connections.

#### Touch as a basic need

From *Touching* by Ashley Montague :

“We conclude, then, that the study of mammal, monkey, ape, and human behaviors clearly shows that touch is a basic behavioral need, much as breathing is a basic physical need, that the dependent infant is designed to grow and develop socially through contact, tactile behavior, and throughout life to maintain contact with others. Furthermore, that when the need for touch remains unsatisfied, abnormal behavior will result”.<sup>165</sup>

As Kulka, Fry, and Goldstein have said : “contact needs are probably gratified fully in intrauterine life, and a gradual transition in the postnatal period is mandatory for healthy development. Much of the earliest kinesthetic satisfactions must be supplied to the infant by the environment – cuddling, rocking, being kept warm, etc”<sup>166</sup>

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<sup>163</sup> *Touching*, pg. 198-9

<sup>164</sup> *Touching*, pg. 199

<sup>165</sup> *Touching*, pg. 46

<sup>166</sup> *Touching*, pg. 71

Do these needs ever fully go away?

I postulate that even though, past a certain developmental point in infancy, we can survive without having our contact needs met by caregivers, that the need for contact continues throughout life. Once we develop the agency to self-locomote and communicate we can more directly meet these needs through expressing them or we can create simulacrums so we do not perish from lack of touch. Although we can survive without touch after infancy, we do not thrive without it. The diminished capacity that occurs when touch needs are not met is extensive and can be debilitating.

There are clear negative outcomes from not receiving enough touch.

More philosophically stated, "It is in large part the stimulation of his skin by touch which enables the child to emerge from his own skin. Those who have been failed in such stimulation remain, as it were, imprisoned within their skin, and then act as if the skin were a barrier that shuts them in, and being touch becomes for them an assault upon their integrity."<sup>167</sup>

This is an anecdotal piece, but interesting to contemplate, and perhaps worth further research - "There is a high incidence of asthma among persons who as young children were separated from their mothers. Putting one's arm around an asthmatic while he is having an attack may abort or alleviate it".<sup>168</sup>

Ability to touch compassionately is a skill

"There is a clear relation between a lack of touching in infancy and childhood and the awkwardness and roughness in "play" that characterizes such individuals in childhood and in later life – individuals who are unable to establish contact without colliding."<sup>169</sup>

Tactile Teaching

The ripple effects of touch literacy

Intelligent contact skills and attentiveness can be transmitted via touch – tactile teaching!

"Reva Rubin's remarks, following, are of the greatest interest. Mothers who have had a very recent experience of appropriate and meaningful bodily touch from a ministering person, as during labor, delivery, or the postpartum period, use their own hands more effectively. This is true of both...firsttime mothers and...mothers who have had more than one child. Conversely, if the mother's most recent experiences of contact in relation to her own body have been of a remote and impersonal nature, she seems to stay longer at this stage in her own activities with the baby. These are most important observations, which should lead us to consider seriously

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<sup>167</sup> Touching, pg. 126

<sup>168</sup> Touching, pg. 112

<sup>169</sup> Touching, pg. 121



whether it would not be a good idea to institute the practice of regular body caressing by the husband of his wife during pregnancy, labor, and after the birth of the baby.”<sup>170</sup>

The positives for patience in developing programs to teach touch literacy in medicine would also be profound : “But with unhampered growth and experience beginning nurses, like beginning mothers, will develop their skills of gathering information through touch as a means of discriminating diagnosis and as a vehicle of personally meaningful communication. They will be able to read and recognize, through touch, the amount of body heat produced by a local or general body task; the kinds of perspiration produced by physical or psychological work. They will discern skin textures and recognize change, favorable or unfavorable. They will recognize another’s appeal for contact, controls, or guidance, and be able to provide appropriate dosages for touch for each of these. And since touch is always individualized, the interpersonal communications effected through touch will tend to be significant in a way that verbal language cannot achieve. “<sup>171</sup>

“What is most needed, indeed, in all our hospitals, as Dr. A. J. Solnit has put it, is ‘a warm receptive, flexible environment that is people centered rather than technique centered’.”<sup>172</sup> (pg.165)

Need for expanded language, new vocabulary around touch

In my embodied healing journey, I have at many moments had a need for words and specifications that did not yet exist in the English language. In this tome you will find some of the words I have created to fill the gap, but there is a need for more, especially in the realms of movement and sensing the kinesthetics of other people. Expanding our vocabulary will not only allow our verbal conversations to become more nuanced, but also open others into awareness of precise characteristics, qualities, and types of touch and embodiment.

An excerpt from Touching provides a good illustration of the aid in distinguishing and labelling different types of touch :

“Three forms of touch as distinguished, mainly by the roles they play in behavior. Social touch fosters social bonds, attachment, and emotional integrity, the effects of touching in social situations, social stimulation, and social deprivation thus constituting the broadest area of our interest. In passive touch the organism is touched; contact with the subject’s skin is effected by some external agent, such as a rough surface moved over the stationary fingers. This contrasts with active touch in which the organism touches, and refers to the subject’s initiation and performance of the acts required to effect skin-object contact, exploration and manipulative use of the skin, and hence stimulation of receptor systems in the muscles, tendons, and joints – the kinesthetic system. The term haptic refers to touch in its widest sense, and is often used to

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<sup>170</sup> Touching, pg. 131-2

<sup>171</sup> Touching, 132-3

<sup>172</sup> Touching, pg. 165

indicate exploratory and manipulative touch in contrast to tactile sensations resulting from stimulation of passive receptors". <sup>173</sup>(p.g169)

As you can see there are so many nuanced behaviors and shades of meaning that fall under the broad umbrella of 'touch'!

## Now future : Safe Loving touch as human right

Have you had your Vitamin T (touch) today?

I propose that we decree safe loving touch as a human right. Touch is an essential nutrient for growth, development, and an affirmation of the very continuation of life itself. As previously mentioned in *Touching* by Ashley Montague, newborns perish from lack of human contact!

With safe loving touch recognized as a renewable resource and right for all, we can multiply love and conscientiousness and regenerate our world – finding peace through pleasure. In casting off patterns of extractive and self-sacrificing touch (touching to get yourself off/ elicit a reaction,, or losing sense of self agency in a desire to please) we can instead refocus on reciprocation. When we give each other the renewing gift of somatic synergy we can dance in the balance of giving / receiving - finding the point of melding where we can give in receiving, and receive in giving. My mission in sharing SomaSenZ is to teach a safe consent foundation, sculpt skills, and create the cultural container to bring this mutual pleasure portal into greater prominence for the general populace, allowing authentic vulnerability to be held safe and sacred.

Your body is a gift - to be enjoyed by the bearer

Pleasure is our bodily birthright. We are born sensate, sensitive, and wide open – but over time we close down, protectively veiling ourselves behind shells and masks due to the psychological blows of being hurt in not being seen, met, or supported as we are. We are taught that sensitivity is weakness, to 'toughen up' to the harshness of 'real' life and so we guardedly shut off our sensitivity in self-preservation.

In reality, your body is the sole physical thing that you can truly possess, and the ultimate playground of your sovereignty. Your body is yours to share with those whom you choose, in the ways that you choose. Self-inquiry through experimentation allows you to track your inner experience, identify with precision what you do/not enjoy, and have clear knowledge of your boundaries. A strong sense of body sovereignty cultivates confidence in your right to say no at any time for any reason, regardless of the past.

Touch Abundance

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<sup>173</sup> *Touching*, pg. 169

In sharing the Razma Movement Method and my SomaSenZ sensation dilation style, I am formalizing the study of soma-tech (somatech = somatic + technology) to usher in a lived new cultural story of feeling safe loving touch as abundant. I have found that when the need for nurturing touch is not met a 'lack' energy of seeking creates a vacuum and the starving neediness of empty places suckling for sustenance dominates. Alternatively, within the culture of 'platonic touch activism' I am promoting, partners can come to their intimate relationships as resourced wellsprings of sharing energy - in a more reciprocal respiratory flow of pre-balanced and harmonized symbiosis. Within this abundance model even 'red blooded' highly sexual people can meld desire and plenty as overflowing vessels of passion flowing freely into each other rather than lack-extracting what is absent in one's own life from another.

A helpful metaphor distinguishing between Touch Abundant and Touch Scarce modes of being is the dissimilarity between someone who is parched and protectively rationing their only canteen of water (Scarce) and another who has just visited a nearby spring, eager to share not only their liquid but also the location of the source (Abundant). When we consciously construct abundant modes of being through creating containers and cultures that make nurturing touch multiply, we can ebb and flow in giving and receiving without attachment {which can often be alienating or angering}.

#### Re-conceptualizing Touch - Touch activism

My purpose as a touch activist is to re-normalize and proliferate platonic touch as a pathway to intimate connection and wellness. Touch activism bridges the realms of dance, bodywork, massage, deep playtonic<sup>174</sup> connection, physical communication, and consent. As an embodiment educator I seek to make safe and consensual platonic touch supported in all spaces, while also expanding our physical languages to increase the diversity of ways that we can touch each other to mutual satisfaction, delight, and sillybration<sup>175</sup> of sensing.

The gaps I see in the current consent culture conversation that coincide with my personal passions / proclivities as a touch activist include : non-verbal communication, dance-floor consent, creating body-supportive spaces {and the guidelines for said spaces}, translating the physical embodied realm of dance & bodywork into evocative / explanatory language, and developing new bodywork tools, techniques & styles (and engaging in bodywork { everywhere } ). In the section that follows I share these interests through personal, partner, and group practice skill building exercises which, when knit together in a living learning lab, comprise the foundational safety net in which SomaSenZ occurs. The need for skill development is multi-directional : all participants need to be able to dive into and communicate their shifting inner landscape, while also expanding into sensing the language of their partners (which may be altogether different from their own communication signals and styles – both verbal and body-based).

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<sup>174</sup> Playtonic = { play + tonic; a portmanteau play on 'platonic' }

<sup>175</sup> sillybration = silly + celebration

The following workbook is my response to creating abundant opportunities to practice and deepen into these somatic skills.

# Consent Workbook

## Level 1 – Connecting To Self-Body

### Self-Knowledge Examination and Cultivation

#### 1.1 Boundaries

##### Boundary Flavors

There are three main types of boundaries : hard, soft, and conditional. Each term denotes the flexibility of the boundary based on context and comfort. Boundaries (also called limits) are discussed during an initial exploratory conversation (referred to in BDSM as a negotiation) with all participating playmates. The author is choosing to use the parlance of BDSM culture to clarify the fine distinctions conveyed in this body of terminology because, due to BDSM's inherently edge-exploring nature, this set of practices has developed a nuanced vocabulary around boundaries out of necessity for fully informed consent communication. In adopting the parlance of BDSM/kink, I may also use the terms 'bottom' as receiver of sensation and 'top' as giver of sensation (with the acknowledgement that these roles may flip suddenly or even blur over time with experienced playmates).

The first type of boundary is the most rigid and uncompromising - hard boundaries. Hard boundaries are never to be crossed, and out of courtesy (and especially when playing initially with a new partner) it is recommended to keep a respectful distance from even approaching them (eg. if the hard boundary is no penetration, not hovering your hand at the entrance to their intimate openings as if 'testing the waters' / pressuring penetration).

Soft boundaries are more flexible and comprise activities "that the bottom has indicated that under normal circumstances they do not wish to do, however, under certain specifically negotiated circumstances these types of play may be permitted provided they are approached

delicately by the top”.<sup>176</sup> For example, a soft boundary may be no spanking early on in the session. If this is the case, ideally the bottom would share the indications that they will display when they are then ready for spanking, or the ways in which the top can initiate spanking and support the process going well : I {as the bottom} will stick my bum out and beg you for a spanking when I am ready, or you {as the top} can ask me specifically for permission {or a temperature check} to start spanking. If I say yes, please start with light nail strokes / caresses to warm up the area, and build up the intensity slowly towards harder impact {8 maximum on a 1-10 intensity scale}.

Conditional boundaries are boundaries that need a certain criterion to be met before they are approached. Some examples of conditional boundaries are ‘verbally asking me before touching me below the waist’ and ‘putting on gloves and using lube before touching mucus membranes or orifices {such as the mouth if giving an oral massage}’.

A useful metric to initially determine if you can trust someone is by closely monitoring if they respect your boundaries (additional recommendations on trust in the on ‘how you know you can trust someone’ section\*).

Over time, as trust between partners builds or as a partner becomes more adventurous, boundaries may change or relax. In advanced stages of inter-relation gently pushing (probing) boundaries - when done by a comforting, compassionate partner with great care - can be a beautiful way to enrich and evolve a relationship.<sup>177</sup> However, this is not recommended for partners who are new to each other as it is a higher risk activity.

How do you know what your boundaries are?

## Solo Boundary Exploration

### Confounding Boundaries – Journal Prompts

Journal : What are your boundaries? Are they context dependent? What are the contextual factors that cause your boundaries to dramatically change (what makes you put down or raise up your boundaries or ‘make more space’ – increasing the width of the buffer around a hard line)? How have your boundaries evolved through time? What caused them to change? How did you learn what your boundaries were? What was it like before you had a boundary? What happened to cause you to make a boundary? Have your boundaries become more general or specific over time?

### Boundary-crossing evaluations

Were there any signs in your body/mind the moment before your boundary was crossed that were red flags? These are your personal intuitive signs - mark them well, for monitoring

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<sup>176</sup> <http://www.bdsmwiki.info/Boundaries>

<sup>177</sup> <http://www.bdsmwiki.info/Boundaries>

them enables you to check in with yourself regarding your inner state. The following exercise can help clarify your internal process and help you identify your personal boundary signals.

## One on One Preference + Boundary Exploration

### SenZation Buffet

If you are new to exploring your personal physical expression you may not necessarily have a detailed or crystalized understanding about what your preferences or boundaries are. If this describes you, a fun way to explore your boundaries / preferences is through seeking out a SenZation 'sensation buffet'. SenZation buffets are led by trusted facilitators who are trained to start slow, escalate sensations carefully, and read body language fluently, allowing you to develop fine-tuned knowledge of your body's inner experience. SenZation buffets create an enhanced emotive environment that encourages tuning into your 'guide inside' through ease of access to sequential somatic stimuli in a supportive sensation playpen. The SenZation body buffet bounty serves diverse platters of physicality in procession precisely to potentiate tracking of inner sensations, attractions, and repulsions. The concentrated clarity that comes from consecutive comparison and progressively expanding depth produces a heightened state of tracking – allowing subtleties of reaction that typically go unobserved to be held and highlighted. This conscious cultivation of a richly contoured canvas of contact is presented to produce a precise sensation scaffolding map – providing a detailed dive into nuanced gnosis as well as plotting a wide overview of the plethora of potential expressions of experience and exchange.

Self-knowledge enhances play with others due to the linked relationship between the level of detail in your personal understanding of inner landscape and how directly you can communicate this interior world with others externally (you cannot communicate something you yourself are not tracking). The more nuanced your needs and detailed your desires, the more precisely you can communicate about your personal preferences to others, multiplying the likelihood of a satisfying mutual meeting.

A very rudimentary indication that someone is approaching a boundary is that you start to feel physically uncomfortable or nervous – wanting to move away (create distance from the stimulus) and have them leave you alone. You may freeze or shut down because as your bodily boundary is being encroached upon, your body is no longer a safe place to be 'feeling inside of'. You may begin to feel an activated adrenaline response of fight / flight and become jittery or 'on edge'. [Caveat to any examples of reactions described within this tome as typical : these reactionary trends 'tend to be true for most people most of the time' – however, each body's reactions are different and reactions can change over time – noting that exposure to trauma can also deeply alter patterns of reactions as a survival coping mechanism - as is discussed in depth in the heavily cited section on 'types of trauma reactions']

### Partner-Present Boundary Probing : Realizing in Relationship

If you are discovering your boundaries in a SomSenZ session and you feel your 'guide inside'<sup>178</sup> physically communicating your body's desire to move away from the stimulus take the time to explore the edges of the boundary to clearly realize it's nature. If you have not previously realized a boundary was present in that area or for that type of touch, stick with the sensation and follow it to the root to pinpoint its cause of feeling / what feelings are feeding it. Treat yourself tenderly throughout this pinpointed probing as it is a potent personal learning experience! Once you become aware of your wariness, signal to your partner to slow down by giving your 'slow' physical sign (such as by raising your hand in a 'stop' / 'slow down' motion with palm facing your partner) or verbalizing your internal experience and aligning intentions (ex. 'yellow, you're approaching a boundary and I want to get clear on what it is – can you do what you were just doing in slow motion and explore the surrounding area while I get a clearer idea?'). If you can determine why a boundary exists and details of the context that erected it, this distinction **adds to your self / situational awareness and aids in communication with other play partners in the future**. When a boundary can be directly articulated (eg. don't touch my face vs. I don't like having my face touched by hands when I don't know how clean they are) confidence in vocalizing your needs in the moment increases and leads to deeper and more satisfactory play {and you play partner has the ability to caretake your boundaries more deeply, such as in this example, making sure they are freshly showered so they are squeaky clean}.

**Some examples of common reasons your boundaries may be activated or change over time are :** you sense your partner has begun to run sexual energy; you are with an unfamiliar partner in edgy territory; your partner is distracted/you sense their awareness is elsewhere; your energy has dipped; your body state changed; you've become cold or sore; your stomach is full/empty; you need to take care of a body need {such as using the restroom}; you are protective of a current/past injury in that location; or that you are not feeling warmed up or stretchy.

#### Investigatory Inventory: Determining your Personal Yes/No/Maybe Lists

An additional benefit of the SomaSenZ SenZory Buffet below is that this luscious list can be used as a yes/no/maybe worksheet specifically focused on Sensation Play. This static suggestion sheet preserved in print is a fossilized partial list of what is included in the SomaSenZ Buffet for perusal to pique interest (find the actively updated / current list of offerings online at [www.somase.nz](http://www.somase.nz)<sup>179</sup>).<sup>179</sup> A yes/no/maybe list is a checklist to seed awareness of ideas you are a 'heavens yes' to, indicate areas of exploration that may be fun, and to acknowledge other zones you want to avoid for now. These lists of potential play areas create a fun, titillating communication container for a discussion that is both easeful and thorough between play partners to help them find areas of mutual interest for exploration (the author is confident that upon perusal you'll get some ideas you have not thought of recently). This SenZory Inventory list is specifically focused on platonic touch play –an abundance of lists tailored to alternative zones of interest can be found online.<sup>180</sup> The Sensory Inventory below includes my personal favorites

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<sup>178</sup> Potential new vocabulary term? guinside = guide + inside: pronunciation evocative of go or goo -Inside

<sup>179</sup> SomaSenZ offerings expand and adapt over time and are affected by season. Current sensation availability can be found at \*\*\*\* [www.somase.nz](http://www.somase.nz)

<sup>180</sup> My favorites can be found at [www.somase.nz](http://www.somase.nz) \*\*\*\*

from the full SomaSenZ sensation buffet journey I take exploratory playmates through when they are unsure of their preferences and/or wanting to explore new ways to interact. Variations/deeper dives are found in parentheses and are considered part of a 'physical platter' of closely related sensations. I heartily encourage you to create your own SenZory Inventory and to please share your favorite sensations with the corporeal contact community to share innovation and increase nuance.<sup>181</sup>

## Explored record

Keeping a written record of what you have explored with both immediate outline / impression jottings as well as comprehensive follow-up journaled notes made about experiences can provide excellent points of reflection for how your sensation preferences and proclivities evolve over time. A fun exercise for self-reflection and/or in any exploratory partnerships is to set a yearly date to go through your yes/no/maybe list again and chart changes - noting how growth edges reveal themselves through self-understanding, increases in detail, and amplified awareness of preferences. You may be surprised at the degree to which your interests / likes change and how boundaries can expand when exploration is held in caring relationships in which trust builds over time.

How to Set yourself up for Satisfaction in a Play Session : Advanced Aspects to Consider in an Exploratory Partnership

Should you choose to proceed in exploring sensation play or SomaSenZ body rolling with a partner who is not 'Soma Diploma' certified, there are several important container integrity guidelines that we recommend for the safety and health of all playmates throughout time. These guidelines are especially helpful and relevant if you do not know your potential playmate well or are new to playing with them in a physical context. The body is a storehouse for memory, and this work is often intense and intimate (with risk / vulnerability in direct proportional relationship to potential for gratifying growth), so it is wise to choose play partners who revere you and treat you with respect.

1. Discuss the purpose of your session : make intentions and desires clear so you know you are a match.

Are you seeking to relax? Explore new types of sensation? Trying to shut down the thinking mind? Be more present? Have more access to your senses, expanding your capacity to feel into nuance, and thus more capacity to receive knowledge? Learning more of your body cues and honing your intuition? Entering an altered state? Getting more comfortable expressing yourself? Practicing having conversations about your

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<sup>181</sup> [www.somase.nz](http://www.somase.nz) \*\*\*submissions link : The most innovative suggestions will be included in updated versions of this book, the website, and in the SenZation Buffet with credit given to those who submit \*\*\*\*blook (blog +book)



boundaries? Connecting to a new friend? Connecting to a longtime partner? Exploring a persona? Channeling an energy or archetype? Channeling sensual energy? Stretching your edges? Practicing presence through tracking sensation? Having fun?

And / or

Are you interested in Channeling sexual energy? Pursuing Orgasm? Focusing on genital touch? {these are not playtonic intentions and desires and need an advanced consent container and training such as that provided by Erosoma<sup>182</sup>, and thus are not recommended for SomaSenZ, especially for play partners who are new to each other}

2. Know your / partner's boundaries, triggers, trauma history, and how to support them when triggered

Boundaries :

Boundaries are created to protect agency, respecting them is the cornerstone of trust building. Please reference the 'Boundaries' section for a discussion of the types of boundaries which includes a philosophical treatise on why they exist and how to honor the needs beneath them.

What does a soft boundary mean to you? Is a soft boundary one which requires less space around approaching it? Do you want a verbal check in before exploring? Do you want to explore the soft boundary but only after you are warmed up? What would warm you up to explore [this particular] soft boundary?

If all participants are open and available for deeper emotional conversation it can be fruitful for trust and relationship-building to ask each person why they have a boundary so you can respect the deeper meaning behind the barrier, allowing you to honor their core needs and create a greater container for safety.

Trauma history, triggers, reaction patterns :

When having conversations about such charged subjects, be sure to be aware of both what the listener and the teller need to feel open to having the conversation while maintaining a state of high resource (this may look like checking in with everyone's physical bodies with frequent biobreaks for food, water, and movement). It is good self- and playmate-care practice to consider what all participants would need to feel held in the intimacy of these conversations and acknowledging that those with additional training may be needed to be present to hold such deep space. Additionally, consider that giving enough time and space for full stories to be told will reap dividends, as this

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<sup>182</sup> [www.eroso.ma](http://www.eroso.ma)

preemptive investment in knowing your play partner's history allows you to avoid emotionally complicated or unpleasant situations. Please review the sections on 'Trauma' and 'How fauna handle trauma' section for additional detail on trauma and reaction patterns.

3. Go through a yes/no/maybe list to catalyze conversation and know where to start.

Filling out yes/no/maybe list of potential activities together is a great way to start a discussion or be inspired to play in a new way. Now is the time to be open and honest with your preferences, proclivities, and fears and rate them on a scale from 1-10. What do you like, hate, and what are you interested in trying at least once? What do you have experience with? What are your favorites? What do you love giving? What do you love receiving? Anything you like watching?

Advanced : What would you not mind being the canvas for (if you're feeling generous in allowing your partner the pleasure they may receive from being the giver of a certain sensation)?

In discussing the desired details of your scene, speak about the roles you prefer to play (and perhaps if there will be role-play).

Some BDSM parlance is helpful to include here for clarity in role{s}, thus for each particular sensation or activity, consider if you find yourself : a pure top (desiring only to give sensation), a pure bottom (desiring only to receive sensation), top / top-leaning (you desire to mostly give sensation, but would be open to receiving - specifying what percentage of time do you prefer to be in each role, eg. 90 percent of the time as a top, giving sensation, 10 percent of the time as a bottom, receiving sensation), bottom / Bottom-leaning (you mostly desire to receive sensation, specifying what percentage of time you prefer for topping / bottoming), or switchy (wanting to alternate between giving and receiving sensation)?

If you are feeling switchy, do you need to switch to feel complete in the scene, or do you simply want the possibility of switching to be present? Do you want to clearly switch roles or do you prefer the unexpected power dynamics and fluidity of not knowing? Do you want to alternate switching back and forth several times in the scene or just once? What percentage of time do you prefer to spend in the top / bottom role? If you would like to clearly switch roles, would you like to start out in one role and switch to the other in a pre-determined time frame, when you give a specific signal, or when the mood strikes you? If you'd like to play the switchy scene by ear, are there signals, words, phrases, or actions that you will take when you want to switch?

In general, the author recommends first being a bottom for any specific type of sensation play you are desiring to explore so that you can have the perspective of how

something feels on you and aptly apply that knowledge to giving that sensation to another. Although it is good to get such a baseline under your belt, keep in mind that different bodies on different days have different preferences/tolerances. In general, skills to practice over a lifetime are : knowing what makes a compelling scene (for both you and your play partner – what are the ingredients to the secret sauce to make the scene unforgettably juicy & satisfying); how to have detailed complex consent conversations; what language helps you/your play partner to inhabit a scene and propel it forwards; and what touch sequences elicit the desired responses (a handful of skills among many!).

#### 4. Create a safe word / safe gesture

A safeword is a word that, when uttered, immediately and without question or hesitation stops the action of the scene.

Choose a safe word that is easy to remember and will not be confused (eg. ‘Safeword’ is often the ‘house safeword’ for dungeons and play spaces because it is obvious and already means what is intended).

Utilizing the stoplight shorthand is also common : ‘Red’ as stop, pause, break; ‘yellow’ as slow down, back off, check in; and ‘green’ as yes, go, more please. Some also introduce additional ‘color signals’ such as ‘pink’, which means ‘I need to stop the scene for a non-scene related reason such as needing to go to the bathroom’. ‘Stop’ is another intuitively sound choice as a safeword. ‘No’ is also a common choice for many. As you continue to build your skills, keep in mind that some advanced players enjoy the edginess of being able to say or shout ‘No’ and have someone continue in pre-negotiated ‘roleplay of non-consent’<sup>183</sup> psychological play (caveat: this is considered high level edge play and should only be used in an extremely experienced context, and is still considered a contentious issue within the broader BDSM community).

In choosing a safeword, consider the natural / most easeful ways you express yourself, as well as what you are able to remember and access even when in a spacey dreamlike headspace. Be aware that in high-contact work we are playing with body chemistry and endorphins, and if all goes well you may ‘get high on your own supply’ in dom- or subspace {and/or due to the prolific amounts of oxytocin released from touch}. Preemptively plan that you and your play partner{s} will likely be in an altered state, so create an easy to recall safeword, and build in frequent verbal / physical check ins (and other play structures) that support your wellbeing.

In more advanced play (recommend only with partners experienced with each other), if you will be utilizing sensory deprivation, gagging, eating, drinking, bondage, sensual kink,

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<sup>183</sup> The author finds the term ‘consensual non-consent’ to be confusing and inaccurate and so chooses to use the term ‘roleplay of non-consent’ as a more accurate term describing what is going on in the scene. The term ‘roleplay of non-consent’ was created in discussion with Daemon Derrier.

deeper non-verbal headspaces, or any play that affects the ability to move, make sound, or speak, it is crucial to have a physical safe word or 'safe gesture' that will stop the action if the receiver is unable to communicate or move freely/fully. This could be something like waving your hand high in the air as though you are being called upon in school, or placing your hand on your play partner and gripping them tightly or shaking them to get their attention. You can also use pre-arranged physical gestures to communicate with greater nuance, making adjustment possible, with such verbal agreements as 'when I put my hand on your shoulder, I will wait for you to give a head nod so I can check that you are ok before I continue' and/or 'I will take your hand in my hand periodically to check in, especially after I escalate the intensity, if you give me three squeezes I will know you want more intensity, two squeezes that will mean 'all good continue at the current pace and intensity', one squeeze as 'a little less', and no response (limp hand) is back off and check in'.

Examples of safe gestures:

thumbs up to signal good

thumbs down to signal approaching a red zone

1-10 fingers to indicate intensity

as in wrestling : double tap/slap to signal stop {making a loud sound on the ground, on a surface, on your body, or the body of your partner}

one tap to signal, slow down, pay more attention to my body's responses

Nodding head 'yes' up and down, shaking head 'no' side to side

Squeezing hand three times for 'more intensity please', twice for 'all good', one squeeze is a little less, limp hand (no response) is check in

Wagging 'tail' or shaking body as 'yes, eager, please continue'

For bondage or scenarios of additional restricted movement {where moving limbs may not be possible}:

squeaky toy - one squeak for yes two squeaks for no<sup>184</sup>

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<sup>184</sup> <http://theartofsubmission.com/lesson/sensory-play-deprivation/>

dropping a heavy bell / set of keys / object that will make a loud noise if the receiver / submissive is 'bottoming out' (works especially well for bondage)

To 'bottom out' means that the receiver of sensation has either retracted into themselves, or expanded beyond their body, into a partially or completely unresponsive state due to the flood of endorphins {causing an altered mindstate} induced by large amounts of sensation. When someone is bottoming out, they will often become non-verbal as all the processing power of their mind is going into feeling / interpreting / handling the sensation. In my experience going deep into subspace on the way to bottoming out, this state feels as though the energy that is typically directed to the prefrontal cortex is diverted into parts of the mind & body that are registering sensation (reptilian-era brainstem) rather than analyzing /attempting to interpret the meaning of the feelings or generate a story. For me, this state is a direct physical gate to presence through pressure & physicality and many of my SomaSenZ clients describe this as a 'forcing into meditative presence' or 'instant enlightenment' as the pressure/sensation squeezes out anything beyond present awareness and focusing on the intensity of the sensation.

#### 5. Know your partner's non/verbal signals for no/yes/more/less/refresh

No/yes/more/less/refresh is compound shorthand for the basic building blocks of physical communication :

No = stop

Yes = wonderful, continue

More = I would love for this to continue for a longer amount of time; {can also mean} could you dial up the sensation (increase pressure, go deeper, greater intensity)

Less = please dial down the sensation (decrease pressure, lighter touch, less intensity); {can also mean} too much intensity for too long, ease up.

Refresh = I need a break; can we switch up the type of sensation; can you interact with another part of my body; can I take a breather; I need some water; biobreak to use the restroom, 'pink light'.

Although the deep resonance needed to communicate in a nuanced non-verbal way typically takes witnessing and deeply tracking your partner's physical cues throughout the threads of a diversity of experiences and interactions to notice deeper patterns over time, these 5 forms are the basic building blocks that need to exist for essential messages to be conveyed. Ideally, those engaged in the self-awareness development practices of this tome will know the general trends of their personal idiosyncrasies of how they

communicate no/yes/more/less/refresh both verbally and non-verbally, and be able to convey their perceived patterns to their partners.

Every experience provides endless opportunities to conceptualize interaction with your partner{s} as a conversation to continuously calibrate between the signals all participants witnessed during the play session and whether these perceptions map/match accurately to the internal experiences of those involved. Additionally, it is worth noting that, if you are playing with a 'body genius', especially in a SomaSenZ session, it is probable that your play partner will be able to notice and describe physical reactions you did not know you had, such as observing your jaw tense/clench moments or minutes before you verbally called 'less' to reduce intensity. Thus, through unplanned play with physically observant and attuned partners new information is illuminated regarding how we uniquely corporally communicate. In this case, through interacting with an experienced body, your partner can reveal a new-to-you pre-emptive 'boundary approaching' physical cue in your level of jaw tension, prompting you to focus your attention on your mouth if you are needing an 'un-fakable' corporeal clue about whether an activity is approaching an intensity boundary/overwhelm for you. You can also use such physical patterns as additional data points when seeking more objective signs about how relaxed and safe you feel via physical signals (eg. if your friend asks you how you feel about being around an acquaintance that they are hoping is quality dating material, and you 'rationally' didn't interact enough to 'logically' form an opinion, but noticed your jaw was involuntarily tight around them, you can convey that mouth tension often means that your subconscious is communicating through your body that you don't feel completely safe around that person).

## 6. Arrange for Aftercare

Aftercare consists of the actions that help all participants feel cared for and appreciated after what may have been an intense experience. Aftercare helps everyone transition from altered states of mind (due to the ecstatic endogenous cocktail of chemicals the brain has released) and return back to baseline smoothly with support.

Journal on the following prompts solo & and before you play, asking your play partners the following questions :

Do you like to immediately talk about the scene? Do you prefer receiving Aftercare first? Is it part of your Aftercare to talk about what happened? Do you need verbal praise and reassurance as part of your emotional aftercare? What is supportive for your reintegration to baseline and interacting with those outside the container?

How do you prefer to come down after a scene? Do you need some time alone? If so, how much? Are there physical signs that will make it evident when you want me to circle back {such as getting up and walking around, beginning to clear the space, etc.}?

Do you want water brought to you (If yes, what temperature? Would you prefer tea? Non/caffeinated? With a squeeze of lemon or a pinch of salt – a bit of either sugar or salt helps facilitate water assimilation - absorption and hydration – in the humanimal body)? A snack (what kind(s) : salty, savory, fruity, sustaining, high protein? Any dietary restrictions or allergies to consider)? Do you want to cook or eat a meal afterwards together?

Do you want a blanket (a thick fuzzy warm one, a heavy one, a light one, are certain materials preferred {wool, a hypoallergenic cotton})? Do you want a weighted blanket?)? If you want a blanket, do you want to be gauzily draped, or snugly wrapped & tucked in like a burrito or a pig in a blanket?

Do you like to be touched (light gentle caresses, firm grounding pressure, or a variation)? Do you like to be held in a certain position afterwards (eg. head on my chest so you can hear my heartbeat)? Do you want to be cuddled? Do you want to receive a relaxing massage (on what parts of your body)? How long approximately do you need in a nonverbal physical comedown space before considering interfacing with physical reality or others outside of the container {15-30 mins is typical}? Do you want to clean up together {this is especially good to get clear about beforehand as some 'bottoms' / 'subs' will be completely tapped out and will end up leaving the top to clean up, who may also be tired, is it possible to clean up the next day if need be? If not plan ahead}? Do you like to take a shower or bath afterwards, especially if a lot of liquids were produced? If you have sustained injuries, do you want help caring for them? Where are the first aid supplies?

It is in good form to have an Aftercare conversation **before** the scene begins {written out during negotiation with clear instructions to reference later in case anyone is feeling foggy} because you may not be in a state to be able to or want to ask for what you need (especially if you were in a non-verbal subspace). Clear distribution of clean-up responsibilities is advisable beforehand rather than making assumptions, especially if you have rented a space or are otherwise time bound in your spatial container. It is recommended to not have anything stressful/requiring rational faculties scheduled for {at the very least} a few hours after your session because you may need to unexpectedly process content that is emotionally charged.

On a related note regarding items to pack in your toy bag / self-care satchel : body temperature can change dramatically when playing with extreme embodied states, so packing layers in your play bag is wise to ensure that you can switch outfits to accommodate the fluctuations, and aid in returning your body temperature to a comfortable level at the end of the session.

Know limits & Calibrate intensity scales

Limits :

Limits describe the maximum range of sensation desired.

Have a detailed conversation about how long you/your partner can handle a certain type of sensation. You can use the following prompts to seed discussion ( [sensation] can be replaced with each specific action, eg. spanking, flogging, full weight body contact...) :

Does your ability to handle [sensation] increase over time as you are warmed up? Is there a time period in which [sensation] is most enjoyable for you (eg. when an initial new stimulus is presented, when a certain stimulus has been going on with regularity and there is familiarity, when something comes as a surprise, when the intensity can follow a un/predictable pattern, or when you can fall into a rhythm trance?)? Are there any health concerns with engaging in this type of play? Any places that do not want to be touched? Any places that want extra attention? Any active or old injuries? Do you bruise easily? Do your bruises need to not be visible?

#### Calibrate Intensity Scales

Get to know your/partner's 1-10 intensity scale and get an overview of how much time you would like to spend at each intensity. A 1 on the scale corresponds to 'barely registering' with 10 as the upper limit of sensation - an almost unbearable 'maxing someone out'.

Here is how you calibrate intensity scales :

As a spanking example, if I am going to be spanking someone and am matching the strength of my impact to correspond to their scale I give them a medium spank (what I project to be a 5 for me) and ask them where that is on the scale from 1-10 for them – perhaps it is also a 5, but depending on the person and their state that day it may be a 2 or even a 10. Through additional calibrations (aiming for impacts somewhere between a 2 and a 7 respectively on their scale, enough so that they can feel it, but not that you are trying to take them to their 10 edge, out of courtesy, as they may not want to go to that extreme) we can match our understanding of what each point in the scale is for our playmates during the session. Additionally, after 'warming up', it is important to note that over time bottoms will, in general, be able to take greater impact due to the natural release / circulation of endorphins and endogenous opiates, and your impacts may register as less in your bottom's sensation system, even though your strikes are at the same strength. If you notice this you can choose to recalibrate, as you are encouraged to do early and often, and at any time during the session.



Through these stimulus-feedback triangulation loops you (as a top or giver of sensation) can get a rough sense of how granular/detailed your playmate's sensation scale is (eg. how wide a range they have and what parts of it they would like to play in for your session together). You can then establish your playmate's sensitivity to types of sensation through modulating different spans (eg. stingy v. thuddy, with/out rebound, in different areas – for ideas seek out a SomaSenZ SenZation Buffet, find the static list below, or visit the website for a 'live'/ fresh /updated list<sup>185</sup>) and asking for their rating for each one. Then you can ask, "what intensity and types of sensation would you like to play within for this session?" and go through the types of touch possible if they are unfamiliar with their preferences and your proclivities / talents. Playmates may reply something along the lines of "Intensity-wise, I would like to hover around a 4, sticking mostly around 2-7 and am comfortable going as high as 8 for a few surprise spans to keep me excited, but never more than 1 at a time at a high intensity 8, with a wait of at least 20 seconds between each high spank so I can recover. Please warm me up and ramp up slowly - allowing my blood vessels to dilate and my endorphins to start flowing, enabling me to take more of those high juicy impacts overall that I relish so much. In general, I prefer thuddy deep penetrative impact in the middle of my muscles such as punching but I like light slaps that are stingier at a 3 on my sides with the location of impact varying each time, because my skin can get sensitive and bruise easily from that type of impact. I prefer these stingy slaps no more then 1/4 of the time, as they are not my favorite but I acknowledge they can be nice for variation and to keep my attention fresh."

Increase in Increments – scales can shift suddenly

In general, it is good play practice to increase intensity incrementally, be it for specific sensations or layers of experience. At a more basic practical level, a process of curious / unattached physical exploration coupled with a more intensive 'hands on' period of checking in helps you get a sense of how broad your playmate's range of sensation tolerance is. Start low & slow (a guideline that applies well both to experiences & compounds that induce mind altering states). Keep in the forefront your partner's preferences from your previous in-depth conversations while also supplementing their summary via reading their body language in vivo. Warm-ups before wallops are important, especially for impact play. Capacity to hold sensation will dilate as the dial is turned up slowly, like a frog in a boiling pot.<sup>186</sup> If you are going to be layering physical interactions and psychological play, first learn your partner's non-verbal communication patterns before you add any psychological or communication complexity {as this is a an advanced skill / higher level of risk in that such play can adversely interact with the ability to clearly communicate, and thus is only recommended for playmates who know each other extremely well}.

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<sup>185</sup> [www.somase.nz](http://www.somase.nz)

<sup>186</sup> <https://www.extremerestraints.com/article/do-you-feel-that-sensation-play>

The more detail in data points you discover about your play partner, the closer you can get to co-creating their dream/fantasy experience, which will encourage them to be an enthusiastic repeat body buddy! Also, do not be surprised if someone's scale changes – such as their 8 becoming a 2, or vice versa, even mid-scene / session. Our intensity scales are not static, so checking in as often as you can remember is recommended unless your play partner instructs you otherwise. We are constantly changing in both strength & sensitivity in each session, day, and throughout our lifetimes so certain actions/pressures/impacts/weight will not always register as the same amount of intensity.

Bonus Points : expanding into deeper tracking of your playmates non/verbal cues for no/yes/more/less/refresh during the calibration.

7. Check in frequently – especially with a new partner – practice over-communicating

Givers of sensation / dominants should check in periodically with their receivers of sensation / submissives even if there are no obvious signs of distress. If ever you find yourself in doubt {or any degree of lack of clarity} as to what your playmate is communicating, stop and ask. If your partner prefers physical embodied communication over verbal talk, you may choose to create a space for affirmative response non-verbally through pausing or backing off and seeing if they move into contact with you again {demonstrating their physical desire to continue to be in relation}. If you are still unclear after physical signals, moving the dialogue into the verbal realm with a voiced check in is highly advised, especially if you do not receive a physical movement response, as your partner may be in a freeze state. (please refer to the 'trauma' section entitled 'freeze' / 'tonic immobility' for an in-depth guide for how to identify and support someone in a freeze state\*\*).

For receivers / submissives – you are not disappointing your partner if you want to stop, slow down, or reduce the intensity. Any participant is invited to stop any action at any time, and it is completely acceptable to try something and find out you don't like it – you are not obligated to continue the act, 'finish', or do it again. The moment in which you are experiencing something that is not working for you is not the time to focus on caretaking another person's expectations/hopes in a self-sacrificing fashion, instead, attune your awareness to be an advocate for yourself, as you are the world's expert on yourself, and that is who you know best and can speak most accurately to caring for well. You can change your mind about your limits or the types of play you are willing to do at any time, even in the middle of the action.<sup>187</sup>

Getting into a curious mindset is immensely helpful for developing a natural capacity to track yourself and your partner, as humans are shown to devote greater attention to novel stimuli and experiences. Shift into a framework of exploration, as

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<sup>187</sup> <https://www.kinkly.com/the-ultimate-guide-to-sensation-play/2/14819>

though you are an alien visiting a new world or foreign traveler coming to a fresh country.

Consider yourself a desire detective deducing how to discover deliciousness.

Enter a non-judgmental, meditative, beginner's mind bereft of baggage. Explore, seek buried treasure, find out of the way places & states, and allow yourself to be open to the unexpected. 'Pretending' that your playmates are entirely new species of lifeforms can help with freeing you from the fetters of the foreseen, the bondage of the boring & banal, the cage of the conventional, or being held hostage to the humdrum. How do these lifeforms like to be interacted with? How do they communicate? What are their intentions? What do they need to survive? To thrive? What environments are they perfectly suited for? What natural or hidden talents to they possess?

#### 8. Plan a wellness check-in afterwards & the next day

Talking about the scene afterwards (and out of role if willing / able) once aftercare is complete {or as a part of aftercare} is a great time to explore what worked and what could be improved through immediate integration of insights while intuitions are acutely activated. Here are a few prompts to guide candid conversations :

What helps you integrate the experience – having conversations? Making art? What helps you decompress? What makes you feel cared for and valued?

What were some favorite moments? What could have gone on longer / could have been shorter? What could be done better next time, and how? Do you have any questions for me?

It is good form to not only check in during Aftercare, but also the next day, as your partners will have had time to process the experience solo while away from the play environment and your presence, and it is likely that more insights will have emerged (especially as brain chemistry returns to baseline). It is recommended to have follow up conversations while memorable material is maintained so do not dilly dally or delay the discussion, so details remain at the forefront of recollection. 'The morning after' check in is a first-rate pre-planned prospective perspective to invite inquiry as to whether perceptions of patterns were provoked by your play and to address activated awareness with attentiveness.

Additionally, sub-drop & dom-drop do occur and these cantankerous conditions can cause significant changes in mood/affect (especially following intense sessions, indicating a 'greater need' for well-planned aftercare).

Sub-drop / Dom-drop is the neurological / psychological phenomena of a natural mood dip as the body returns to baseline in the hours/days following the 'dump' / large simultaneous release of a cocktail of neurotransmitters in the brain due to the intensity of the stimuli in the play session. The subsequent sensations {often experienced/labelled as being sad or drained} can be a common side effect of the body/brain being caught in the contrast between the apex 'high' brought on by the scene and a return to baseline / homeostatic equilibrium. The severity of sub-drop / Dom-drop can be mitigated with a restorative nourishment plan and prearranged well-being checks to continue the caretaking connection & provender psychological wellbeing.

If you were not engaged in emotional or high-risk play, a day-after check in can be as simple as a text message asking one (or more) of the following :

Did you get home safe? How are you feeling? How did you sleep? How have you been taking care of yourself?

You can even keep dialogue focused on logistics by confirming that nothing was left in the shared space or following up on media recommendations such as books, movies, or other people you offered to connect them with during the session. Any message can be a gentle reminder that you are thinking of them, and allow trust and goodwill to build over time as you follow through on your offers and promises.

Extra Credit Journal Prompts : Self-knowledge Dissertation / Thesis + Pamphlet

Self-Knowledge Dissertation / Thesis

Convey your old and new-found self-understandings in a longform essay as through you were writing an emotionally expressive ethnography on yourself (an ethnography is a social science research methodology in which you immerse yourself in the culture you are studying to comprehend the customs & values from the inside, and subsequently writing a qualitative report about your discoveries). Feel free to make it as humorous, snarky, well-cited, un/edited, un/structured, or simple/complex as you prefer, as a practice in communicating in a written voice that feels genuine to you. Make it as long or as short as you would like, although as much length as is possible is recommended so all aspects of your multi-faceted self can be covered in depth.

The Care & Keeping of You

Pulling from your 'Self-Knowledge Dissertation / Thesis', write a short pamphlet called 'The Care & Keeping of {your name}' as though you were writing about yourself as a pet that is being adopted. Share how to take care of your species in detail. Include information about how to know when you are sad, happy, hungry, scared, and how to help your 'caretaker' take good care of you in those situations. Feel free to share fun tidbits such as how you like to play, what are good

treats for you, how much exercise you need to be healthy, your diet, and what other types of animals you get along with.

{You} at a Glance' & ICE {In case of emergency}

Create a '{your name} At A Glance' pamphlet and a one-page 'In Case of Emergency' sheet covering the essentials gleaned from the previous exercises. Include emergency contact information, insurance information, your living will instructions/ a link to them, and any relevant health information {such as allergies} on the ICE sheet.

## SenZory Inventory // SomaSenZ SenZation Buffet

A general principal to dilatate capacity to feel is to reclaim everyday sensory stimuli as captivating. Take an attitude of gratitude at often-overlooked forms of 'somatic magic'. Luxuriate in the experience of a shower, savor sips of your tea / water, delight in the delectable food you consume, bask in the sunshine, and smell the flowers!

Overarching Themes. Dichotomies, antipodes to weave in and relish in the dance between – where does one turn into the other, is there a line? Where is the dot of white or black in the opposite color of the yin yang?

Consider : opposites, contrast, wild freedom / restraint, opposing types of touch, thoughtfully applied stimulation in succession, firm / gentle, fast / slow, hot / cold, rough / soft.<sup>188</sup>

Areas to explore :

food/edibles - Chocolate sauce, honey, royal jelly, juicy fruits, strong scents, gelatinous foods {yoghurt, tapioca, seaweed}

drink : cold / hot, wetting / astringent {some teas}, sour, sweet, bubbly {kombucha, sparkling water}, thick {cacao}

scents : fresh lemon, herbs, essential oils {in a series of sessions you can train a Pavlovian response with a particular essential oil/ having specific types of incense burning associated with certain types of session}

textures : slightly stiff fabric fresh from drying out on the line in the sun {'freshly laundered linen'}, luxuriating in clothing

using the environment to pleasure you / bodywork everywhere : arching your back / muscles into corners, playing with poles, dancing with statues.

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<sup>188</sup> <http://sunnymegatron.com/sensory-deprivation-sensation-play/>

pervertibles : household items repurposed for kinky uses<sup>189</sup>, commonplace 'vanilla' objects used for a kinky context such as an electric toothbrush <sup>190</sup>. {Vanilla meaning non-kinky, as in the standard, not-exotic, and ubiquitous flavor of ice cream}.

For example : kitchen implements, spoons, rolling pins, anything around the house that can be used for sensory delight. Remember anything can become a pervertible with enough imagination!

## Actions :

**Biting** : lightly dragging teeth along skin, defining the edges of bone; nibble, nips, full mouth thick juicy meaty bites pulling muscle away from bone – fascial work {thighs, shoulders, arms, hands, feet}, pressure variation / calibration with partner, front of mouth, side, incorporating sucking / blowing / raspberries, 'bite massage'.

**Percussion** : self- rainstorm exercise {starting with 1 finger, moving up finger by finger, to open hands, fists}, patting, spanking, jiggling, flogging, stingy {cane, riding crop} or thuddy sensations {heavy leather flogger, wide thick straps}, stepping, tapping {other beautiful more performative forms}.

pattern/rhythm variations : jiggling can also be incorporated here, 'manual twerking', as well as smoothing out the area after a lot of sensation, compressing, giving a squeeze, washing/pulling the energy out of the limbs, playing body like a drum

## Spanking :

no-go zones – avoid hitting these places because lasting damage can result : lower back {not over the kidneys}, spine, tailbone, hip bones, backs of the knees, ankles, any bones or joints {places where it is more likely to pinch a nerve between the bone and the impact implement}.

Warming up – try spanking through clothes before moving directly to skin, warming up {or having the temperature of the play / session space be warmer} increases blood circulation which provides a cushion for the blows, resulting in less bruising and discomfort. Recommended padded places to begin are: thighs, butt, shoulders, upper back {avoid area directly above the kidneys in mid back right above the waist}. It is good to ask beforehand if your bottom is ok with visible bruises and if they bruise easily. If they do not know, restrict you play to areas that are

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<sup>189</sup> <http://sunnymegatron.com/sensory-deprivation-sensation-play/>

<sup>190</sup> <https://lgbt.wikia.org/wiki/Pervertible>

less visible or could easily be covered by clothing. Conversely, some bottoms love their bruises! Arnica cream for aftercare can be used to prevent bruising.<sup>191</sup>

Pressure – jiggling, swaddling, laying upon your playmate like a blanket, dragging, pulling fascia and muscles away from body. For variation, soft / light play - air play - raspberries, feather pulled across skin (neck, face, side of ribcage, between fingers and toes are particularly captivating).

Grabbing : Muscle/skin grabbed, pulled away from body (juicy places : top of shoulders, biceps, thigh, stomach), pulling this way and that back & forth or in a circle, ‘scruffing’ pulling skin away from back of the neck like a parent cat would do to a kitten or adult dog to a pup. Can flow grabbing into incorporating jiggling and shaking -slowly and more rapidly, surface shakes and deep full body vibration, deep pinches (not just skin but incorporating muscle).

Sensory deprivation : blindfold, earplugs, noseplugs, mask over face, full body cocoon, sleeping bag, gag (ball gag, ring gag, spider gag), hood, mummification, swaddling, vet wrap (only sticks to itself). Can incorporate whispering close to the ears as the communication form to cause ASMR.

Sensory overload / group explorations : multiple hands {octopus massage / ‘8 hand massage’}, alternating between hot/cold water, hot wax drips, different people focusing on different body parts {warning : mind-blowing, can be overstimulating and lead more easily to feelings of lack of control}

Teasing – edging, edge riding, edge play, tickling, actively aiming for bottoming out, letting your bottom see & hear the tool but not feel it, making your bottom beg for what they want.

Artmaking / performance art: mummification : such as being knitted around, cocooning in a public place, voyeur, being witnessed, witnessing others, being seen, being documented.

Advance play -additional skills required, higher risk

Bondage : getting tied in a certain position, in different poses, to different fixtures {eg. tree, post}, cordage materials to try : hemp, jute, nylon, bamboo, silk, linen. Microbondage – small scale bondage with yarn, embroidery, floss on the hands, feet, and face. For risk reduction it is mandatory to always have safety shears within easy reach {ask your top where the shears are and have them demonstrate they are visible before you begin}! Clothespins, clamps, full body suits of varying materials such as latex or neoprene, heavy bondage rigs. More advanced is

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<sup>191</sup> <http://theartofsubmission.com/lesson/spanking-101/>

suspension in the air, of which there are many fine tomes, and which is an advanced skill. Communicate sleepy limbs or loss of sensation immediately – cutting off blood flow for too long can lead to nerve damage.<sup>192</sup> Practice a lot before tying someone up in a session or scene – this is a higher risk activity that requires training.

Advanced edge play : if receiver is fearful of something, emulating it - extreme cold especially on a dull blade can feel like being cut, warm water can feel like blood, spines and pokies can make you feel like your skin will break.

Areas / parts of the body:

Skin – wax, dry brush, lotion, oils, massage

hair : hair dying, hair pulling, hair drying, braiding, combing, cornrows, mini-braids, Hair pulled (back of neck, full scalp, areas of body hair)

Head : Head scratched : with metal ‘spider’ scalp massager, brush, comb, short/long fingernails, claw gloves, nail jewelry.

Face : touched carefully (eyebrows, cheekbones, eye sockets, around mouth), ‘egg drip’ along top of head {make a fist and put in on their head, then slap the fist and allow it to break with the other hand and have your hands run down the sides of their face as through it is the yolk and white of the ‘egg’}

mouth : teeth, chewing, bubble gum, deep mouth massage {with gloves on}

Ears: Listening to inside of seashell, whispers, being sung to, singing bowls, making snuffling noises close to ears, ASMR.

Neck : manipulated, full weight close to ground, piloting movement {controlling bottom’s movement with a hand on the back of their neck}, letting head hang heavy while being held, breath play, nails, pulling nape of neck hair

Hands – wax dipping into fingers of thick candle, biting hands

Claws/nails – points dragging, backs dragging, scratching, clawing, points digging in like a squeeze {try ribcage}, kneading {like a cat}

Feet – acupressure, walking on spiky balls, feet in dirt, acupressure mat, tennis balls, having someone else walk on you, getting toes massaged one by one, getting toes sucked

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<sup>192</sup> <http://theartofsubmission.com/lesson/bondage-restraints-101/>



muscles, fascia – grabbing, pulling skin and muscle away from body, human foam roller, object foam roller, tennis ball, lacrosse balls

Feelings / Moods to evoke { you may find that you have difference characters with particular propensities} : cozy, cute, animalistic, compassionate, inner child, bratty, curious, older/younger {if you have an emotionally informed playmate consider exploring healing yourself by embodying a specific developmental point and receiving the love and attention you needed at that time}.

Sensation play :

Breath play / Lung work : ribcage massages, hands feeling outline resting gently on barrel of chest, tight squeeze of hug, chest sat on when lying flat. Start easy until you are certain of your bottom's nonverbal signals {because you are working on their lungs they will not be able to speak}, and then you can move onto 'higher risk' breathing restriction via pressure.

Percussive play (impact play) : light tapping, light slaps, spanking, flogging, paddling, playful bouncing, canes, crops, whips

Using different materials : leather, ruler, wooden, plastic, with/out holes

Sound play : moaning, laughing, purring, belly rumbling (try placing the head in different places such as the thigh to stretch the neck, directly on the belly, on the heart)

Air play : fanned, incense, heat of fire, hot breath close / cool stream of air farther away, spraying with water and then pointing a fan onto the body for evaporative cooling

Higher risk activities – advanced knowledge needed, expertise recommended

Fire play – wax play – colored and scented candles burn hotter, beeswax also burns hotter {have been personally blistered by an unexperienced top using a multi-wick beeswax Havdalah candle early on in my explorations when I trusted my tops without question rather than vetting their knowledge}. Holding the wax higher above allows it to cool as it falls, start with unscented soy or other low temperature candles first. You may want to experiment with putting on lubricant before the wax play for easy cleanup unless your receiver enjoys the sensation of scraping for removal. You may also choose to put a sheet down to protect the surface below you and to easily clear the scene. Keep in mind it is hard to get wax out of fabric, so use a sacrificial sheet. Otherwise, it is fairly easy to scrape wax off of hardwood with a stiff card {try a tester patch to make sure you will not be scraping the finish or causing damage to the wood by scraping, as can be the case for soft woods}.

electrical – tens unit with electrodes or with a glove attachment can also be used in conjunction with current-conducting metal such as stainless steel. Keep in mind that the 'finer the point', such as a needle as opposed to a diffuse glove, the more directed the electrical current

will be and the more painful the shock, and the greater the possibility of leaving an electrical burn on the skin. Try using electricity conducted through : Wartenberg wheel (there are Wartenberg wheels with : 1,3,5,7...wheels), cat nail gloves, bear claw gloves, head spider scalp scratchers, neon wand. Test out the conductivity carefully {start low, move over an area rapidly initially, as lingering can cause burns at high voltages} as wetness of skin/air, and type of metal / alloy can change the strength of the current.

Temperature – ice cubes, hot tap water, hot water bottle, warm cloths, warm wet cloths, sponge bath, fire play, water spraying/ dripping/ pouring, glass & stainless steel toys fare well in the freezer or immersed in warm water, test on your own skin first to make sure they are not too cold or hot.

Feathering : Feather pulled across skin (neck, face, side of ribcage), double feather (one in each hand), can be contrasted with nails worn simultaneously.

Materials : latex/rubber, bubble wrap, biodegradable food wrap, biodegradable Glitter, leather, different types of fur, sheepskin, linen, silk, wet fabric

Locations :

Ecosexual : outdoors in nature : Flower caressing, pretending to be a pollinator with nose, mouth, tongue, lips, getting buried in dirt, crawling into a cave, nestling under roots.

Beach – low water, tide pool, rocks, sand, letting water wash over you, soft or strong surf, letting the waves tussle you about

## Group Boundary Exercises

### Knowing internal Boundary Approach signals

It is highly recommended to journal extensively about the experiences catalyzed by these exercises as soon after the encounter as possible.

#### Exercise : Two Lines - Approach & Body Monitoring

Participants pair up and stand 10-15 feet away from each other in two lines. One side designated 'Approachers' moves toward the 'Still' line embodying the intention expressed out loud by the facilitator (ex. friendly, threatening, inquisitive, animalistic, lustful). The Still partner stands in place and in the process of being approached holds their hand up when they feel a reaction in their body. When the Still partner's hand is up, the Approacher stops in place.

Some examples of physical signals that you may receive as a Still participant (when someone is approaching your boundaries) are : coldness in stomach, heat rising, discomfort, desire to back away, wanting to freeze, breath getting tight or shallow. When the Still partner feels the sensation dissipate, they put down their hand and the Approacher continues toward the Still partner.

Switch roles, with the 'Still' line becoming the 'Approaching' line.

Discussion :

Still partner : How close was your partner able to get? Did the distance change depending on the intention the approaching partner was holding? What parts of your body became activated as your Approacher came toward you holding different intentions? What parts of your body were calling for greater attention and focus? What parts of your body responded, became active, or numbed? How would you describe the sensations? Where did the focus in your body go? Did the focus or intensity change over time?

What are the subtle somatic signs that your nervous system is becoming activated? Do your somatic signals increase in volume (does the feeling become more intense) or do you have a series of sensations that occur in an order that signals that indicate an increase or 'ramping up' of the sympathetic response {fight, flight, fawn, freeze, submit, appease, attach\*\*} ? Did any memories come up? How did you check in with yourself to know when sensation had dissipated?

Approaching partner : What parts of your body became activated when you held different intentions? What did the sensations feel like? Where was energy held in the body? Were you moving forward from a certain place in your body? How was your posture different? How did it feel to approach someone with these intentions? Did any memories come up?

Exercise : Deliberately boundary crossing / Safeword practicing

Caveat – Trigger warning - if you are still acutely integrating the experience of boundary violation do not feel as though you need to engage with this exercise (you may choose to watch other participants or leave the room for self-care during this section as you feel called). This is an edgy and very advanced exercise as it allows you to feel in your body what it is like when a boundary is crossed and is not suitable for all people at all points in their path. When in doubt, sit this one out.

In this exercise, we deliberately cross boundaries to create data points for our inner personal response and practice expressing our 'no' and safeword(s) both physically and verbally (out loud). Pair off in twos and discuss your safeword, non/verbal cues, favored places / types of touch, and hard boundaries with your partner. Be sure to specifically share a flexible boundary, a conditional boundary, and a hard boundary. Choose only a level of boundary you feel comfortable with- there is a lifetime's worth of boundary pushing available should you choose that in the future. In the beginning it is advisable to choose a boundary that makes you feel

uncomfortable when crossed but is not permanently scarring or would result in an overwhelming trauma response. Practice noticing the subtle somatic signals of your body's communication when the 'protective bubble' of a boundary is approached so that you can proactively respond before the boundary is overrun or ruptured. This minute tracking provides invaluable personal data for future scenarios in which your partner may not provide as much spaciousness or control.

Your 'boundary pushing' partner's role is to begin touching you in a neutral / pleasing way and then mildly cross one of the stated conditional boundaries without the condition being satisfied (this is for many people a 'minor/less severe' boundary violation then the crossing of a longtime hard boundary). For example, let's say your conditional boundary is that others need to ask before touching your stomach – the 'boundary pusher' could begin by touching your shoulders and giving you a little massage and then progress to touching your stomach without asking. The receiver is welcome to use their non/verbal communication, safeword(s), and 'NO' at any time, for any reason. The 'pusher' is to experiment with pacing and style of violations : pushing up against the boundary without pushing past; slow boundary crossing; 'not on purpose' crossing (such as by grazing an area); 'sneakily' violating; trying to persuade / 'convince' with dialogue; and rapid immediate crossing. Take all the time needed for the 'receiver' to track.

Receiver : note the differences in physical reactions to the boundary pushing & violation – Where in your body do you feel a change? How would you describe it?

It is worth placing particular importance on tracing the sensations that emerge when the Boundary Pusher approaches a boundary before crossing it (such as touching the neck if the boundary is not to touch the face). The Receiver is to notice physical sensations and instinctual actions that occur when a boundary is being approached : near, far, at the edge, and penetrated. This boundary crossing may feel like a pit opening in the bottom of the stomach, nausea, tightening in the throat, a desire to run away, a flushing running up from the neck into the cheeks, wanting to curl up in a ball and get small, a hot/cold sick feverish feeling, goosebumps, hair raising on the back of the neck, a hot flush, etc.

To create additional structure to track the subtleties of the Receiver's sensory experiences - run through the same conditional boundary violation with the following 9 structured scenarios outlined below. Slow the pace of this exercise to match the Receiver's ability to track the differences in their body reaction and then speed up as they develop fluency. Encourage the Receiver to react with the following frameworks in response to the boundary pushing:

1. 'Freezing', no physical or vocal reaction from the Receiver
2. Receiver remaining silent and only communicating with body language {can move away, push touch away, shake head, etc.}
3. Receiver vocalizing safewords / no / stop in a soft way {does not need to be words, can be just sound, physical reactions welcome}

4. Receiver vocalizing safewords / no / stop in a soft way, physical reactions welcome, with redirection {eg. I would prefer you didn't touch my neck, but you can touch my hair}.

5. Receiver vocalizing safewords / no / stop in a soft way, physical reactions welcome, and giving a reason for the redirection {eg. I would prefer you didn't touch my neck, it reminds me of a scary movie, but you can touch my hair}.

6. Receiver vocalizing safewords / no / stop in a forceful way, physical reactions welcome,

7. Receiver vocalizing safewords / no / stop in a forceful way, physical reactions welcome, with redirection {eg. Stop touching my neck. Please only touch my arms shoulders, and back for now.}

8. Receiver vocalizing safewords / no / stop in a forceful way, physical reactions welcome, and giving a reason for the redirection {eg. Stop touching my neck, it reminds me of when my older brother would try to choke me. Please only touch my arms, shoulders, and back for now until my nervous system settles down. I will verbally let you know if and when I am ready for you to touch my neck.}

9. Free form – Receivers choice practice field – try experimenting with what comes naturally to you, and also leaning into what you experience difficulty around {practicing here in a low pressure environment with no stakes will create pathways for ease in circumstances of greater challenge}.

Discussion : Note the differences in body tension and discharge. Notice which style of reaction 'feels natural', which is 'edgy', and which is 'challenging' and why. Ask for feedback from the boundary pusher as to which style of message conveyed the clearest 'stop' and why. Now is the time to explore your edges and lean into your discomfort within the safe container of this exercise where feedback can be given and immediately integrated and iterated upon! Does the inner experience during and after the boundary pushing differ when your body is allowed to respond {as opposed to saying silent}? Track the differences in body tension and emotion between the 9 scenarios.

Next, a flexible boundary can be probed and pushed with the 9 variations above.

Finally, the exercise can then be repeated with a hard boundary (remember to choose a minor hard boundary to begin this edgy exploration, and to make any modifications you need to feel safe). Take self-care breaks or pauses as frequently as needed!

To reset the nervous system after this activating exercise, complete the fight/flight parasympathetic response through movement, shaking, vocalization, releasing sound, grounding, and your most effective selfcare practices.

**\*\*how to reset the nervous system\*\***

## How to know you can trust someone ?

A deep level of trust (in conjunction with an easeful natural capability to judge trustworthiness) can be reached in a relatively short time when the animal body is able to relax. When the parasympathetic 'rest & digest' nervous system is activated this 'turns off' the fear-seeking warning systems of sympathetic arousal. When the nervous system returns to 'neutral' the subtle signals of the subconscious are freed to speak and be heard through Body. An integral part of knowing if you can trust someone is being able to tune into Body's own innate system for communicating the trustworthiness of another. The subconscious receives significantly more bits of information than what is filtered through the conscious mind's reducing valve (which sorts for immediate survival). There are orders of magnitude more sensory input that the subconscious has access to than what is presented to the prefrontal cortex for rational decision making, and the subconscious is able to speak from this knowledge base via sensations in Body, a relationship summarily encapsulated in the phrase 'the body never lies'.

The science behind this phenomenon is associated with the vagus nerve which enervates much of the body from the brainstem to the abdomen, and communicates stimuli from the body to the brain. The vagus nerve is the physical communication channel that transmits your 'gut instinct' to your brain.

The science, quoted at length :

"The bidirectional communication between the brain and the gastrointestinal tract, the so-called "brain-gut axis," is based on a complex system, including the vagus nerve, but also sympathetic (e.g., via the prevertebral ganglia), endocrine, immune, and humoral links as well as the influence of gut microbiota in order to regulate gastrointestinal homeostasis and to connect emotional and cognitive areas of the brain with gut functions.<sup>193</sup> The enteric nervous system {ENS} produces more than 30 neurotransmitters and has more neurons than the spine.

The most important function of the vagus nerve is afferent, bringing information of the inner organs, such as gut, liver, heart, and lungs to the brain. This suggests that the inner organs are major sources of sensory information to the brain. The gut is the largest surface toward the outer world and might, therefore, be a particularly important sensory organ.

The ENS arises from neural crest cells of the primarily vagal origin and consists of a nerve plexus embedded in the intestinal wall, extending across the whole gastrointestinal tract from the esophagus to the anus. It is estimated that the human ENS contains about 100–500 million neurons. This is the

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<sup>193</sup> Carabotti M, Scirocco A, Maselli MA, Severi C. The gut-brain axis: interactions between enteric microbiota, central and enteric nervous systems. *Ann Gastroenterol* (2015) 28:203–9.

largest accumulation of nerve cells in the human body.<sup>194 195 196</sup> Since the ENS is similar to the brain regarding structure, function, and chemical coding, it has been described as “the second brain” or “the brain within the gut”.<sup>197</sup>

The vagal efferents send the signals “down” from brain to gut through efferent fibers, which account for 10–20% of all fibers and the vagal afferents “up” from the intestinal wall to the brain accounting for 80–90% of all fibers.”<sup>198</sup>

**\*\*vagal pocket guide citations\*\***

To tap into the subconscious’s storehouse of stimuli via the soma you must be well versed in the personal language of your inner voice to receive detailed messages from Body about other people. This process of inner communication is commonly called intuition, having a hunch, or listening to your gut. Each body’s language will have its own patterns and idiosyncrasies, and the ‘Two Lines - Approach & Body Monitoring’ exercise is one of many that can help you begin to explore the subtle signs and understated specificities of your body’s language. When beginning to learn the language of your body it is beneficial to start at a slow pace as messages are frequently first able to be felt with precision in a deliberate measured context. When the pace of stimuli is reduced to allow space for the message to be fleshed out, signal bandwidth (and thus detail & distinction) expands the range of received communications.

When deciding how much/to trust another potential playmate it is highly recommended to :

1. Watch the person interacting with others while noting your inner sensations as you track the proceedings (this also has the side benefit of keeping the community safe and is a great way to look out for each other). Note that some people will be aware they are being observed and will respond through being on their best behavior. Experiment with obviously watching and more subtly peeping and note if behavior shifts if it is assumed to be unseen. Witness the potential playmate engaging with others and attune to Body’s communication regarding ‘gut feeling’. Are they attentive? Compassionate? Present?

2. Ask the wider community about the potential playmate’s reputation. Ask others within their friend and social group if they would recommend you playing with them and what you

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<sup>194</sup> Furness JB, Callaghan BP, Rivera LR, Cho H-J. The enteric nervous system and gastrointestinal innervation: integrated local and central control. *Microbial Endocrinology: The Microbiota-Gut-Brain Axis in Health and Disease Advances in Experimental Medicine and Biology*. New York, NY: Springer; (2014). p. 39–71.

<sup>195</sup> Schemann M. Control of gastrointestinal motility by the “gut brain” – the enteric nervous system. *J Pediatr Gastroenterol Nutr* (2005) 41(Suppl 1):S4–6.10.1097/01.scs.0000180285.51365.55

<sup>196</sup> Schemann M, Neunlist M. The human enteric nervous system. *Neurogastroenterol Motil* (2004) 16(Suppl 1):55–9.10.1111/j.1743-3150.2004.00476.x

<sup>197</sup> Building a brain in the gut: development of the enteric nervous system.

Goldstein AM, Hofstra RM, Burns AJ

*Clin Genet*. 2013 Apr; 83(4):307-16.

<sup>198</sup> Tubbs RS, Rizk E, Shoja MM, Loukas M, Barbaro N, Spinner RJ. *Nerves and Nerve Injuries: Vol 1: History, Embryology, Anatomy, Imaging, and Diagnostics*. Cambridge, Massachusetts: Academic Press; (2015)

should be aware of. Using this methodology, you can preemptively avoid the ‘missing stair’ phenomenon in which someone in the community is a widely-known problem / perpetrator but everyone has learned to avoid them {‘jumping over the missing stair’} rather than addressing the issue {fixing the stair}<sup>199</sup>.

3. For more submissive folk {or anyone who experiences challenge in speaking up for their needs/wants} it can be helpful to appoint an ‘advocate’ to approach and vet potential play partners on your behalf. This advocate can also act as a watchful wingperson witness during your first play scenes with a new partner (your wingperson can even educate them in your non-verbal communication idiosyncrasies in vivo, and share details about best practices for your aftercare, etc.).

4. After an initial conversation or negotiation, notice if the potential playmate remembers the details of what you have told them (demonstrating that they are interested in recalling your preferences). A yellow or red flag may be continual ‘forgetfulness’ – especially when it relates to important issues such as boundaries. Train an eagle eye on whether your playmate is proactive about your boundaries – do they check in or seek clarification in grey areas? Do you feel as though you have their full attention? Is the interaction a one sided monologue or is it a conversation with messages being communicated through both physical and verbal channels? If you were to take the view of an impartial observer, would you deem that the needs of both parties are being met {or is one predominantly serving the needs of the other without reciprocity over time} ? In general, is your body tense {protective, fearful} or relaxed {open, at ease, curious} ? Can your potential playmate sense when you tense up/ close down / become distant / begin to dissociate – do they physically pause or bring up the change verbally?

## Advanced topics

### Healing in relationship

Fascinatingly enough, as crucial as trust is in creating intimacy and propelling society, we do not frequently explicitly discuss the level of trustworthiness of others, choosing instead to veil our statements via implied language. One interesting example is the phrase that is uttered in a ‘game changing’ relationship of advanced trust - ‘I am breaking all my usual rules for you’. The subtext encoded in this phrase is often : ‘wow, you are reading my body language and communication so deeply that you are in tune with respecting the needs underneath the boundary I have created -I feel so safe with you that I can trust you with relaxed or lapsed rules that I erected to protect myself from more callous types who have hurt me in the past’. The phrase ‘I am breaking all my rules’ demonstrates our indirect understanding that if the needs which created a boundary in the first place are listened to, this dissipates their need to exist as a protective mechanism.

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<sup>199</sup> <https://pervocracy.blogspot.com/2012/06/missing-stair.html>



If you feel that you have a lot of tender boundaries initially, have hope – it is possible to unpack boundaries that no longer serve you in a loving relationship/partnership (such as with a bodyworker or in counselling therapy). However, engage with this relaxation at your own (slow) pace and do not feel pressure to change if you are being currently served by your protective boundaries. Remember, you were able to survive due to your body's wisdom when it reacted as it did. \*\*vagal citation

## Kink as therapy

Note that this is a 'controversial' stance in the kink community, and the following frame / perspective is solely author's own and does not speak to the field in its entirety. This hesitation likely stems from BDSM, in that past, having been labelled 'pathological' by psychiatry, or interest in kink being ascribed to instances of sexual abuse or 'daddy issues'.

Feeders & feeding fetishes – splashing.

Perhaps you or your partner has had an eating disorder or other destructive impulse around the intake of nourishment. "For individuals with a history of disordered eating and body image, incorporating food into play can be especially powerful. Like other forms of self-harm bingeing and purging releases an adrenaline rush that some kinky people eroticize. Choosing to only practice previously destructive habits during a scene and with a trusted partner can give someone an opportunity to feel control over these impulses".<sup>200</sup>

The author will self-disclose a previous issue with Body Focused Repetitive Behaviors {BFRB} – obsessive compulsive disorder spectrum skin picking in this case - that drastically lessens when regularly engaging in kink practices. The author postulates that this is due to those same hormonal / neurotransmitter compounds being released in kink via a method that is of less harm & greater benefit to the author than the secretive shameful activity of self-harm via skin picking to self-soothe.

There is so much more that the author can personally share on this topic in both a personal and professional context, as kink can help de-shame and re-wire maladaptive coping mechanisms utilizing 'brainwashing' techniques for consensual social good.<sup>201</sup> If there is enough interest, a future tome may be in store.

## 2. Finding your voice

Although it can be challenging for 'shy' or 'quiet' folks (author included) to be proactive and vocal about their desires it is especially important for us to both be advocates for our pleasure & to extend invitations/advances to those whom we fancy. If we do not step up into expressing ourselves, we continue to silently support the status quo of dominant / aggressive

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<sup>200</sup> <http://theartofsubmission.com/lesson/splashing-101/>

<sup>201</sup> Brainwashing and the Cults by Paul A. Verdier, Wilshire Book Company, Hollywood, CA. 1977 pg.102

individuals being rewarded for their forwardness & persistence (never mind that their success often relies solely on the taxing emotional labor of continuously rejecting another's advances, until in the persistent wearing down of resource it becomes easier to say yes then continue to say no). Much like power, the people who deserves your attention are the ones honoring it – those who are aware and appreciative of the responsibility of requesting your most precious resource –attention.

## 8 Directives {:&:no:yes:more:less:pause:refresh:}:}

The 8 main directives (written shorthand as {:&:no:yes:more:less:pause:refresh:}:}) (with curly brackets and other corresponding typography) are a shorthand phrase to indicate the initial 'base' / main / typical types of non/verbal communication you are likely to come across in your personal and partner play. Once you have a practiced sense of how your body communicates these main notes, you will have the basic skills to preemptively read your body's requests, and then be able to play your bodyform like an instrument. From this solid sense of self-knowledge, you can teach others how to conduct your somatic symphony like virtuosos. Over time, as you dive deeper into the nuances of emotional expression, your 'symbolic body communication' skills will sharpen. For example, you may begin noticing when a food craving for sugar means desiring more sweetness in your life (this type of 'body divination' work is covered more thoroughly in the Somatic Magic, SomasenZ, and SenZnutrition programs of the Soma Diploma<sup>202</sup>).

Each phrase in the 8 Directives is meant as a dense 'dank meme' connecting to the following additional layers of nuance :

:&:

How can we add to the mutual magic?

:&: comes first to highlight the synergistic primary improvisational principal of 'yes, and' to keep connection flowing. When we strive to seek & find the 'yes&' in an offer, we skew towards the optics of optimistically observing if any overlap in desire/curiosity is possible to celebrate, amplify, and expand the possibilities of play. The universe began in a 'yes&' of symbiotic merging and as an answer to the cry of 'life more life'<sup>203</sup>.

:&: reminds us that there is always greater nuance to explore and even more subtle sensation to expand into. :&: encourages us to feel more, to dilate into the experience, even {especially} if it is not what we expected or assumed. :&: amplifies our confidence to speak voice to our preferences in seeking ever greater resonance with our play partners. :&: is openness to be curiously courageous in finding the exponentially multiplying win + win x WIN.

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<sup>202</sup> [www.somadiploma.com](http://www.somadiploma.com)

<sup>203</sup> Free Play : improvisation \*\* book citation

:No:

Where do we need to make our edges known?

Second in the list, :No: is kind and empathetic to reveal as early as possible as soon as it is clear there is not a Venn diagram space of overlap with :&:. :No: comes before :Yes: because 'your :Yes: is only as strong as your :No:'. :No: contains boundaries in which we define ourselves as separate from another. :No: contains our needs, preferences, and helps to guide us in actions of self-care.

:Yes:

What makes our spirit sing?

:Yes: is next in line because 'a :No: is a :Yes: to something else' and finding :Yes: can be seen as exhilarating detective work even if we feel the walls of the maze of :No: coming in strong in custom corridors as unique as any theoretical thumbprint. :Yes: is what makes your heart sing and expand, feeling the comfortably woven thread of your life, safe and open, as your nervous system unfurls and your inner smile shines. :Yes: is savoring the deliciousness of this moment as a gift from the universe to compulsively <sup>204</sup> delight in (y)Our delight.

:More:

What do we want to dive into & feel deeper ?

:More" is for moments when you are so very much loving what is happening, that you would hardly change a thing, but also that it is so good that you want extra {you generously greedy exploratory gumshoe gumdrop!}. :More: is encouraging the dial to be turned up, putting another scoop on top, increasing the pressure, the contact, the depth. :More: may also mean a call to increase the pace and go faster (although things may also be just right in that parameter, so checking in or more closely monitoring physical communication if you change either of those dimensions is advised). :More: is yes, happy, thank you, :More: please.

:Less:

When have we had more than enough ?

:Less: turns down the burner, backs things off, and decreases force. When events have taken a turn towards an increased intensity that you are unable to track or may be unpleasant, :Less: is a call to ease up on the pacing, go slower, decrease the pressure, or decrease the depth and

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<sup>204</sup> Compersion is the opposite of jealousy – the sense of good feeling you get when your Polyamory partner(s) are connecting with someone they love and you are happy for them even if you are not participating.

paddle towards the shallows. :Less: gives spaciousness to integrating intensity via increasing how intermittent the input is. :Less: may be a natural lead up to a :Pause:

:Pause:

How can we retain connection and continuity in the :Pause:, separation, or break?

:Pause: may be need for space, or simply taking a moment for a bio break<sup>205</sup>. :Pause: can be a moment to powder the nose, to check that the video / audio is indeed recording, or a 'hold everything as it is while we break the 4<sup>th</sup> wall to make sure the backstage tech is taken care of'. :Pause: allows for more presence - through acknowledging & addressing the bothersome brain bugs that often sip (or greedily slurp) our attention to attrition {as focus feeding brainsuckers} and taking care of them as they crop up rather than attempting to suppress their influence.

Additionally, remember that 'plentiful pauses to ponder allow contemplative titillation in your responder', and thus generating 'spaciousness to find a fit for full participation, allowing ample accommodation for any adjustments or needs (so you can be sure they are in a meditated mindset without regret) !'

:Refresh:

How can we bring more presence to the space we are stewarding?

:Refresh: is a recalibration of headspace, physical space, and inter-relational space. :Refresh: is a scene change, whether to change the scenery/setting by going outside, having a shower, changing into clean clothes, or moving objects that would feel better in another position. Pesky cords cluttering your shot; an odd smell in the air; or Body calling for a change in position are all calls for :Refresh:ment. :Refresh: is a return to beginner's mind, noticing what you have been enjoying and returning to the adjectives + activities that tickle your fancy at this moment in time.

:{}:

How can we get Me++a {= Meta + Metta } ?

:{}: Is a feminine portal of receptivity, ever-evolving, unplannable, unpredictable, immediate, inspired, and inspiring. :{}: Is Holding Space for the unborn, unforeseen, to be planted seed. :{}: is a Wildcard reminding us that in the end we are eternally all-encompassing, beyond boundaries and static rote forms, no matter how seemingly comprehensive. :{}: Is creating systems that

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<sup>205</sup> Bio break : (noun) short for 'biological break' to take care of physical needs such as getting some water, altering wardrobe / windows for temperature/light/airflow, adjusting music playlist, or using the restroom.

evolve the system. :{}: Is acknowledging this work is constantly evolving, as we all are, so spread seeds, fill :{}: with what works.

{{ Typographical details : There are two colons in between each word to emphasize the nature of not just looking at each phrase from your own singular perspective, but putting on a pair of glasses/spectacles/spex, and evaluating the landscape from a 'birds eye view' through another 'lens' to see if your communication is landing as you intended – is there a more direct or rich way you can communicate? The 2 colons on either side also serve as a reminder to take at least two breaths to help in sensing clearly (each period in the colon symbolizing an in & out breath). May the two colons or || serve as a 'typographical' representation of a mirror through which reality is reflected }}

Exercise – Warm up your throat - practice communicating your  
{:&:no:yes:more:less:pause:refresh:{}:}

In Phase One : begin by positioning yourself in a space where you feel free to express yourself sonically without judgement (somewhere you can be loud without being self-conscious).

Begin by vocalizing and repeating each of the eight main directives - {:&:no:yes:more:less:pause:refresh:{}:} until you feel comfortable expressing each one. Practice all the different ways / flavors you may choose to convey the same message : pleasant, gracious, graceful, forceful, sharp, humorous, with different types of movement...

Use different phrases, combinations of words, cadence, and speed. Note the types and flavors of expressions that you are least comfortable vocalizing & explore what causes this discomfort.

Place an emphasis on developing a wider vocabulary to convey the most challenging messages for you specifically (ex. Are you hesitant to say :Yes: because you prefer untethered flexibility and fear disappointing others if your plans change? Perhaps it would serve you to convey your excitement while also giving yourself an escape clause : eg. I am feeling catalyzed by the idea of collaborating with you on a film, can we check back in tomorrow to see if my schedule has space?).

Explore & educate yourself on new terminology with the goal of diffusing tension or discomfort. Expanding your lexicon will provide needed nuance, aiding in super-specific self-awareness as well as increasing the resolution level / detail in communication with playmates both when sharing your internal state and when inquiring after their preferences.

Giving your listener an 'out' / graceful exit is a cordial way to engage in non-coercive consent {eg. I saw you sitting by yourself and wondered if you would like some company, or if you would prefer to continue enjoying your alone time}.

Writing about what terminology you tend to use is an excellent journal topic to revisit several times a year. This inquiry is also an interesting topic to broach when around the dinner table with friends – be a social scientist and see if there are any trends you can discern as to what someone’s personal history / character is and how it correlates to what messages are most challenging for them to express.

Phase One and a Half : Add additional visual feedback to each phrase - practice the 8 Directives in front of a mirror. You may choose to video record yourself and play it back.

Phase Two : practice saying the 8 Directives to a friend with a distinct flavor of communication in mind and get feedback on the way that this flavor comes across. For example, express with excitement - is this tonality read correctly by the receiver as excitement or is it read as something else, such as nervousness or fear?

Phase Three : Practice conveying the 8 Directives and adding additional context / intent / detail in mind. You can also choose to hold the directive you are conveying in your mind without saying it out loud, as indicated through parenthesis in the following examples. For the purposes of this exercise, keeping the 8 Directives in the forefront of our minds help us to hone in on exactly what we are asking for with precision, without becoming distracted by caretaking someone else, and without feeling as though we need to be in a bartering/bargaining frame to get our needs met.

For example, “:Yes:, I would love to be pet like a kitten, :&: I’d like to have a boundaries conversation before we escalate to any other activity, such as touching erogenous zones”

(:Less:) “What a compliment to be offered such a proposal of intimacy, and I don’t feel like going that far just yet, let’s get to know each other in another way - would you like to eye gaze with me?”

(:Pause:) “I was enjoying the lightheartedness of how we were playing previously, can we slow this down and return to the ways we were touching before to give me some time to check in and see what my body is telling me about what it wants to do right now & where it may like to go?”

Bonus points : Get feedback on how you are perceived / how forceful each flavor & word choice comes across (likely it will garner a milder reaction than you expect). Calibrating & clarifying intensity scales on statement strength with different friends can help dispel a lot of hesitancy around communicating honestly & openly {or ‘more bluntly’}. Within the safe experimental container of these exercises in a SomasenZ session is a great place to bring to light those snarled insidious assumptions or areas where uncertainty can be dispelled through clarification. Specifically notice in your body where & why you are hesitant to say :Yes: to an offer – state the unstated subtexts and feel your body’s reaction to the response. Build the muscle of making muddy details clear to dispel fear!

Phase Four : repeat Phases Two & Three with a stranger (or relative stranger / new friend)

## Common Corporeal Conundrums

Issue :

Feeling shame for having needs; numbing out the body's communication around its needs; Needs not being heard; discomfort in expressing needs.

When we are breastfeeding infants our natural impulses towards trusting the needs of our bodies, engaging in action to satisfy our needs, and expression can be unintentional discouraged with 'expert' advice to caregivers that is deeply damaging.

This section was quoted earlier, but bears repeating in light of this context :

"{An} unsentimental, mechanistic approach to childrearing greatly influenced psychology for a time and exercised a profound effect upon pediatric thinking and practice. Pediatricians advised parents to maintain a sophisticated aloofness from their children, keeping them at arm's length, and managing them on a schedule characterized by both objectivity and regularity. They were to be fed on the clock, not on demand, and only at designated and regular times. If they cried during the intervals of three or four hours between feedings, they were to be allowed to do so until the clock announced the next feeding time. During such intervals of crying they were not to be picked up, since if one yielded to such weak impulses the child would be spoiled, and thereafter every time he desired something he would cry. And so million of mothers sat and cried along with their babies, and, as genuinely loving mothers obedient to the best thinking on the subject, bravely resisted the 'animal impulse' to pick them up and comfort them in their arms. Most mothers felt that this could not be right, but who were they to argue with the authorities? No one ever told them that an 'authority' is one who should know. " <sup>206</sup>

"The beginning development of the self commences with the responses to the conditions of life which the infant experiences. When, as he does, he takes action at the breast to get what he wants, this constitutes a decisively critical experience in his development. He feels encouraged to act on his own, knowing that he will continue to reach his goal with the encouragement of the (m)other. As Bruno Bettelheim has pointed out, it is for this reason so potentially destructive to schedule feedings by the clock, not merely because they mechanize and routinize the experience of feeding, but because they deprive the infant of the feeling that it was his own signals that resulted in the the satisfaction of his hunger. Disregard of his signals discourages, and he tends to lose the impulse to develop the mental and emotional techniques for handling the environment, and thus for the adequate development of self and personality. The signal, the gesture, the communication that does unanswered at any age can be a painful experience. At an

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<sup>206</sup> Touching, pg. 151

early age it is especially so, and may result in a virtually complete cessation of the attempt to communicate.”<sup>207</sup>

**Solution :** Learning to tune into the body’s communication around its needs, and asking others for help in meeting these needs. Repatterning around agency and expression as making it possible to find others who are enthusiastic in helping you meet your needs.

**Exercise :** Own your own pleasure in open expression

Permissionary here giving you a blank permission slip to enthusiastically make noise! Whether your sounds are juicy sexy noises, giggles, gurgles, gargles, guffaws, or gasps, let them loose! Begin simply by noticing your breathing patterns during your personal favorite pleasurable activities. Record your sounding solo and play it back to yourself. Build up to being witnessed in your noise making if being heard is edgy for you.

Begin with heavy breathing, then progress to bringing an edge of sound into breathy moans, and continue turning up the volume on your expression to test your pipes. Let the giggles & gushes multiply, mumbling & tumbling out from your belly, letting your jaw relax, soaking in the easeful delight of ecstatic expression.

Once you feel comfortable expressing solo & listening to the recording, increase the challenge to letting your sounds out when working with a partner.

A mild way to start is sonically appreciating the flavors of eating a meal together. You can also escalate to expressing your engagement & enjoyment when receiving touch, such as in a massage. Not only do your noises convey a wealth of information about specific types of touch to your play partner, but they are they often quite rewarding for your playmate & anyone within earshot! Humming, vibrating, and purring also activate the parasympathetic {rest & digest, mate & relate} nervous system which promotes bonding, relaxation, and has a slew of health benefits due to reducing cortisol {the ‘stress hormone’}.

If you need extra reassurance around repatterning into comfort in expressing, ask your playmate to share what they find helpful about your vocalization, that it is wanted, and other encouragements for expression {eg. your expression helps me know how you are feeling, so I can get better at attuning to the details of your needs; when you make sounds of delight, I feel delighted; when you express I feel more free in my expression; I don’t have to focus so much on ‘mindreading’ because I can hear how you feel, and know that you will tell me in words or sounds}

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<sup>207</sup> Touching, pg. 129



Ultimate Challenge : Expand the range of places, sense spaces, & activities you openly express in and work on incorporating vocalization & sound into your life as frequently as possible. Note which emotions & contexts you feel the most challenge expressing in. Do not keep your inner world locked up inside – let your personal experience be known as you abound in sound.

Relatedly, there is a solid well cited body of scientific research that those that were able to curse and vocalize during an uncomfortable ‘hand submerged in ice water’ test were able to withstand the intense sensation of keeping their hands in the frigid water longer than those instructed to hold their tongue.<sup>208</sup>

## Discussion

What does your yes / no sound and look like ? Do your signals change based on the situation ? What carries over into all situations – what are your preferred channels of communication? In which situations do you prefer non/verbal communication?

## New Vocabulary - SomaSenZ / SomaSenZi

In my journey I have found that a big part of building confidence in voice & self-expression has been learning & developing new terms to describe & share more nuanced shades of sensation and life experiences with others. Finding new terminology helps me feel as though I am not alone & I deeply appreciate the thought that has gone into the creation of expanding our shared language with new vocabulary. Conceptually ‘something’ does not consciously exist in a meaningful way that can be shared in the collective until it is named – at which point dialogue is possible through shared understanding. I have found immense relief in finding words that help describe me or a way that I experience the world as a shorthand to communicate with other people & to know that I am not alone.

A term that I have created to help me conceptualize my own experience is SomaSenZ, and the related terms SomaSenZi, and SomaSenZitivity. SomaSenZ is a shorthand expression for the felt body sense in its totality {acknowledging that in the multi-sensory body experience ‘the whole is more than the sum of its parts’}. This SomaSenZ holistic body sense includes : proprioception, body intelligence, physical/emotional compersion, and ability to communicate / read someone else through physical touch.

I was frequently labelled ‘sensitive’ growing up (heard mostly as a put down as used in the context of ‘stop being so sensitive & toughen up’), and through my explorations of self I have come to create the term ‘somatically sensitive’ to describe myself. My SomaSenZitivity led me to understand that I have higher than average SomaSenZ (somatic perception and embodied empathy). Certain other groups of people may also be on the ‘Somatically sensitive’ side of the

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<sup>208</sup> [https://www.researchgate.net/publication/26659449\\_Swearing\\_as\\_a\\_response\\_to\\_pain](https://www.researchgate.net/publication/26659449_Swearing_as_a_response_to_pain)

spectrum – ‘empaths’, colicky babies, those on the autism spectrum, those diagnosed with Asperger’s, and those with obsessive compulsive disorder.

## Am I SomaSenZI ?

You may be somatically sensitive if you find the following to be true in your life :

Your body speaks so loudly its signals cannot be ignored (similar to the feeling of needing to go to the bathroom taking over more and more of your brain as you continue to ignore it over time) and you cannot suppress the communications of your body regardless of social norms of politeness. If you need to stretch, you will, no matter the circumstance. {airports, trains, buses, bus stops, in line, etc.}

You cannot stay in one position for too long - you feel the need to move after a certain amount of time sitting. If you do static work on computers it helps your productivity to have a setup that allows us to stand, move, bounce, or shift positions.

You can sense if someone is being fully attentive to you in their touch & if not your patience with letting them touch you wanes rapidly.

You have a high level of skin sensitivity – itchy tags are unbearable, certain types of fabric are irritating (you may find yourself wearing predominantly natural fibers and favoring fine fabrics such as secondhand luxury textiles).

Daily movement practices are crucial for your physical & mental well-being. Sleep is sacred to you and is a highly protected & valued activity. You are fierce about your sleep hygiene, because you know the negative outcomes of disruption of your reset and recovery time.

You may think more clearly when in motion – going on ‘movement meetings’ through walks or hikes in person or on the phone, having ‘breakthroughs’ when exercising, stretching, or dancing.

You tend to seek out spaces where your body has the option of playing. You may have body tools such as a back-massaging cane, foam roller, inflatables (yoga ball), or a yoga swing. You have spaces in your home, outside, or in a studio where you can freely move.

Sometimes when hearing a body injury story, you shudder or feel a shadow of the pain because you somatically empathize with the felt sense. When you watch another person dance, or a duet or group dance together, you can deeply feel what that is like to move in that way with your body – your mirror neurons are very robust and physically linked.

You are very conscious of spatial positioning – moving out of the flow of traffic on a busy sidewalk if you stop walking rather than standing in the middle of the stream with others needing to jostle around you or hitting you with their bags.

You invest your resources in body technologies – including nutrition, massages, herbs, and pure water.

You spend time educating yourself about nutrition & how to take care of your body.

You are sensitive to artificial scents and you avoid toxic perfumes, opting instead for unscented laundry detergent (or even better, soapnuts!) and essential oils.

## Level III Communicating with Others Consensually

### Beyond the Verbal – Types of Communication

Is non-verbal consent a solution to the consent crisis? A case for holding each other accountable for becoming fluent in body language.

Communication happens on many levels – verbal, physical, energetic, and within the webs of situational context & cultural/group norms. Current consent education teaches that an affirmative verbal response is the gold standard and the only way to have ‘true consent’. Alas, the current hierarchy placing verbal consent as the only authentic form of consent minimizes those who prefer or are more fluent in physical communication. There are many people who spend much of their day in communication in non-verbal modes such as children, dancers, bodyworkers (not to mention animals & pets). Additionally, there are those who have not yet developed comfort in vocalizing their needs & desires or are within a power structure that minimizes their voice – eg. women, subordinates in the workplace, minorities, and young people.

Moreover, certain situational contexts can make the possibility of clearly communicating verbally impossible, such as in spaces where silence is commanded, or in loud places. Finally, there are many secondary benefits to cultivating and holding each other accountable for the skill of body language fluency – such as allowing us to consider whether the messages from our playmates are congruent & whether a verbal check in is needed to clarify details.

### Power and Verbalization

One overlooked pernicious assumption that ‘all consent must be verbal’ invisibly transfers power to those who are comfortable communicating, bargaining, and verbally pressuring others {‘high pressure sexual sales’}.<sup>209</sup>

Currently there is a hierarchy of the verbal (at the command of cerebral world of symbols) above the realm of physical communication (connected to the body and with the subtext of being

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<sup>209</sup> As an aside, it is interesting to consider the effect of anchoring in marketing, in which the first number or offer stated then becomes the ‘default’ anchor point around which the negotiation takes place.

less advanced or specific). This sets up a pernicious power dynamic when considering a physically sensual encounter in which any of the participants have not developed personal strength of voice. This developing of personal voice is highly socially and culturally constructed, and in the US we have a pattern in which the voices of minorities, women, and those who do not currently hold power are silenced & marginalized rather than nurtured. In conversation, women get interrupted more (women interrupted men just once, on average, but interrupted other women 2.8 times. Men interrupted their male conversation partner twice, on average, and interrupted the woman 2.6 times)<sup>210</sup>, men take up approximately 75% of workplace meeting airtime<sup>211</sup>, and men dominate classroom conversations (men were 50 percent more likely than women to volunteer at least one comment during class, and 144 percent more likely to speak voluntarily at least three times)<sup>212</sup>. As far as the reasons behind this behavior : men interrupt women more to assert dominance.<sup>213</sup>

Additionally, female doctors are interrupted more than their male counterparts and “male doctors interrupt their patients far more often than the reverse, and they appear to use interruptions as devices for exercising<sup>214</sup> control in their interactions with patients....There is no evidence to suggest that this pattern of physician-initiated interruption is conducive to patients’ good health [and] if anything, it appears that this sort of control is likely to hinder physicians’ efforts at healing.”<sup>215</sup>

Men also get more space in print journalism evidenced by the fact that “men continue to have 70 percent of bylines in mainstream media”<sup>216</sup>. Finally, “a Harvard Business Review study found that both men and women were significantly more likely to follow men on Twitter”, “men dominate lists of influential Twitter users”, and “recent analyses using the tool Tweek-Q suggest that they are approximately twice as likely to be retweeted as women are.”<sup>217</sup> Alexandra King, a philosophy professor at SUNY Buffalo explains that this particular proclivity on social media is likely because “women are less compelled to be traditional and conservative in their modes of expression...[and] they can often be at the forefront of linguistic shifts.”<sup>218</sup> Hopefully we are seeing a change in those who are in positions of power interrupting those in diminished positions thanks to new understandings of the traits of leadership such as Simon Sinek saying, ‘leaders speak last’.<sup>219</sup>

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<sup>210</sup> <https://newrepublic.com/article/117757/gender-language-differences-women-get-interrupted-more>

<sup>211</sup> <https://www.dailymail.co.uk/sciencetech/article-2205502/The-great-gender-debate-Men-dominate-75-conversation-conference-meetings-study-suggests.html>

<sup>212</sup> <https://www.thecrimson.com/article/2013/5/8/law-school-gender-classroom/>

<sup>213</sup> <https://nextions.com/wp-content/uploads/2017/05/maninterruptions-bropropriation-and-mansplaining-2-yellow-paper-series.pdf>

<sup>214</sup> <https://www.theatlantic.com/magazine/archive/2015/06/why-men-are-retweeted-more-than-women/392099/>

<sup>215</sup> <https://www.latimes.com/archives/la-xpm-1985-03-10-mn-25739-story.html>

<sup>216</sup> <https://www.bitchmedia.org/post/how-do-we-solve-publishings-gender-gap>

<sup>217</sup> <https://www.theatlantic.com/magazine/archive/2015/06/why-men-are-retweeted-more-than-women/392099/>

<sup>218</sup> <https://www.theatlantic.com/magazine/archive/2015/06/why-men-are-retweeted-more-than-women/392099/>

<sup>219</sup> <https://www.theladders.com/career-advice/simon-sinek-explains-why-bosses-need-to-be-the-last-to-speak-in-a-meeting>

Historically muffled groups are then left with communicating more in the embodied, emotional realms, which places them squarely in the devalued and easily dismissed communication style group in our current patriarchal society. Alternatively, if they attempt to speak, these groups often do not feel safe in communicating 'truth to power' which leaves them to techniques that obscure their messages via veiled sarcasm, double entendre, and other more subtle/less clear forms of verbal dialogue {consider African American culture's need to 'shuck and jive'<sup>220 221</sup>, and the role of the jester or sarcastic playwright in the king's court}. When the cultural pattern of submissively shouldering burdens and placing other's needs and pleasures before your own (even at your discomfort) has been internalized (eg. for female bodied and acculturated people socialized along these mainstream lines), it follows that these suppressive behaviors continue to be evidenced in silence or freezing in physical interactions and most frequently end in personal & public judgement for the silent party, longstanding regret, and self-blame. To this end I developed this program to cultivate our voices and share our boundaries and limitations in safe spaces of practice.

Why has the verbal been placed above the non-verbal as the 'only true way' to establish consent?

The emphasis on the verbal as the only iron-clad form of 'affirmative consent' is likely due to the attempt to seek precise clarity that utilizing spoken communication reaches for. The emphasis on the verbal may even be due to our current culture's litigious nature and obsession with holding people to their word (even if the situation changes). This 'verbally binding' overtone concerns me when conflated with consent, because a cardinal principal of consent is that you can change your mind at any time, and for any reason. The implication (however subtle) that because you have vocalized an agreement for shared exploration that you must follow through regardless of changing circumstances or desire does not belong in Consent Culture.

Predatory 'binding verbal agreements'

Currently in the mainstream, the only way we are told we can get concrete consent is through 'affirmative consent' through verbal channels. There are several pernicious assumptions that 'consent can only be given verbally' hides – the first being that someone may agree to something verbally but when their body is saying no, this should not give anyone the opportunity to say 'well you agreed verbally'. In our current litigious society, the assumption is that speaking invokes a verbal agreement that also enables 'holding' people to their word. However, this is a predatory mind set more interested in following the letter of the law to prevent getting in trouble than actually respecting the sovereignty of the individual one is interacting with or demonstrating attentiveness to all their communication channels. This is a manipulative form of consent, following the current mainstream understanding on its face but not in spirit, because the genuine

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<sup>220</sup> <https://slate.com/culture/2012/10/shuck-and-jive-meaning-and-history-of-phrase-palin-used-is-it-racist.html>

<sup>221</sup> In 'Ribbin', 'Jivin', and 'Playin' the Dozens: The Persistent Dilemma in Our Schools', Herbert L. Foster writes: "Shuckin' and jivin' is a verbal and physical technique some blacks use to avoid difficulty, to accommodate some authority figure, and in the extreme, to save a life or to save oneself from being beaten physically or psychologically." Reeve, Elspeth, "Was It Racist for Palin to Accuse Obama of 'Shuck and Jive'?", The Atlantic, October 24, 2012.

interest in caring for the other person is obviously not present. Additionally, the concept of binding verbal agreements in consent is false because **consent can be revoked at any time and for any reason**. Do not let anyone pressure you into an agreement that no longer feels right, and do not give those who try make you feel guilty for changing your mind the gift of your company.

If you receive a no, you have a responsibility to honor it, no matter what level it is given on (energetic, physical, verbal...). If you are receiving mixed signals that is the moment to stop the action and check in with a physical pause (and usually verbal conversation) as it often means the person you are playing with is inwardly conflicted. To pause & reflect pre-emptively & proactively diverts the potential for your playmate to regret interacting with you. Your attentiveness to your playmate will build immense trust in them for you & allow them to more deeply surrender into your contact as well as helping you to avoid any snarly non-consensual situations.

Even through verbalization of a question for clarification causes us to pop into our minds and can alter the natural and easy flow that energy in the body has been enjoying, check-ins at any time are highly encouraged. Although disruption is often seen as negative, if it is in service to seeking clarity & checking-in this is a noble pursuit that demonstrates the attentiveness & caring of/for the people participating. The 'worst' that could happen is that the play partner would ask for a reduction in check-ins or give a yes in a commanding tone that might indicate a twinge of annoyance at the anticipation ("shut up & kiss me"). Remember it is always better to err on the side of checking in more than is necessary, as opposed to not doing so and causing an easily avoidable unpleasantness or worse.

#### Mixed Signals - when signals do not match

In your relational forays there may be times in which someone may verbally be saying yes, but their body signals are saying no. This is a prime opportunity to check in verbally explaining what you are observing / sensing with your partner (e.g.. 'I know that you said yes, but I am noticing that you have closed your eyes & your body feels stiff, what's going on for you?'). This opens the conversation and engagement to a deeper level. Noticing & voicing the mismatch of signals demonstrates attentiveness to, and care for, your partner and deepens their trust in your ability to tune into them & speak up when receiving mixed messages.

If you are in a longer-term relationship or both parties have the interest & the capacity to dive deeper, you may consider discussing personal dynamics/past trauma ('are you having any memories come up? Is what I am doing reminding you of someone from your past?'). In this way you can aid in rewriting a previously painful pattern & be a new model for respectful relationship. In this intimate exploration, you may find that the receiver is not only unaware of the body signals that they are giving off, but also that these signs are incongruous with their desired communication. Through this multi-leveled dialogue spanning many interactions, observations, and clarifications, together you can begin to learn each other's unique tactile vocabulary & body language until it becomes second nature.

In general, an upstanding principal to follow is that a no on one level overrides a yes on other levels. This helps honor the principal to **pursue highest heaven yes of all** participants.

## Discussion

What do you do when verbal & physical do not match? What do you do in situations where you cannot obtain verbal consent (eg. a loud place, silent place)? *It is recommended to ask these questions of yourself AND your play partners.*

## Specificity is Splendid, and unending

Another reality that is not frequently addressed by those advocating that 'verbal consent is the only way consent can be given' is that not only can you never discuss every possible nuance of a particular activity, but also that specificity in asking has no end, as the following 'may I touch your arm' exercise illustrates. Verbal consent is not an ironclad assured safety mechanism, as master manipulators will always find ways to twist words and spin stories, hence the need for practice in confidently affirming & defending boundaries through both verbal & non-verbal means.

### Exercise : May I touch your arm

Pair off, one partner asks the other 'may I touch your arm' or something equally innocuous. The touching partner is to be in a manipulative, extractive, penetrative mindset, pushing the boundaries of akin to a misbehaving child wishing to get away with treating their younger sibling poorly as revenge for a previous slight. Beginning touching the arm in an expected 'normal' way, the toucher can then begin caressing in a laviscious, uncomfortable, or painful way (such as by pinching or twisting the skin on the arm in opposite directions in either hand). Allow the receiver to clarify what they do/not prefer, with the giver trying to look for loopholes, ways to manipulate, or cause pain. In subsequent rounds, consider asking more difficult questions such as 'may I kiss you' (here is an opportunity to gain comfort in vocalizing no or counteroffers for the receiving partner as well).

Discussion : What did it feel like to be the receiver? The giver/manipulator? What was enjoyable about being the manipulator (eg. feeling smarter than the other person at finding a loophole)? What made you feel more in control as the receiver?

## Consent killing the mood ?

A common reason that consent is seen as uncool or un-suave is the often-heard sentiment from many initiators (most often cishet men <sup>222</sup>) whom the author has spoken to who believe

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<sup>222</sup> Cishet as shorthand for cisgender heterosexual. Cisgender meaning assigned male at birth and feeling that this designation 'matches' with their inner identity, and heterosexual meaning attracted to women (in many mainstream constructions, including almost all religions, considered the 'natural' 'normal' 'assumed' state).

that consent kills the mood. A phrase the author hears frequently encapsulating this from men is 'I don't want a girl to ask to kiss me I would rather have her just do it'. The author has heard the mirror sentiment from the receiver, often female, that they "don't want to be asked to be kissed". The subtext is that the receiver does not want their play partner to verbally ask them & thus to put them into a mental headspace, however, the receiver **does** want to be listened to & communicated with on a physical, animalistic level. The trope that asking for 'consent kills the mood' has a big underlying assumption beneath it – that consent is de facto only given verbally. When we become fluent in body language, we can 'ask' for consent through physical communication and to receive a body based affirmative consent answer. Body based affirmative consent is an advanced practice and should only be used in situations where you are already aware of your play partner's boundaries, desires, needs, and what the different messages of their non-verbal communication look/sound like.

The author is advocating for an expansion of 'enthusiastic affirmative consent' to include non-verbal communication {rather than reducing the burden of proof to solely the verbal, the author desires to expand the scope of responsibility to include reading the physical signs}. As a finer distinction, consent has to do with both clarity in the question as well as giving the other person the time and space to respond without pressure, and reading all of the forms of their communication – both verbal and physical.

### Body Based affirmative Non-verbal consent in practice – the Prolonged Pause – 'physical asks'

A 'Prolonged Pause' is a 'physical ask' for body based affirmative consent. A good rule of thumb is that if you have been reading the body language signs of your partner and getting strong yesses, and you would like to know if they would enjoy receiving a new sensation of [ insert activity here – neck biting, spanking, etc ] –go 90% of the way towards/into the action slowly and then pause, waiting for them to meet you the rest of the way. Through this method the engagement becomes a conversation and you are not simply impressing yourself and your wishes/desires onto someone who is reluctantly acquiescing. The amazing side benefits of this method is that the slow pace can increase sexual tension and therefore build arousal! The author would argue that offering a situation of prolonged pause and having your playmate meet your offer by moving forward constitutes 'affirmative non-verbal consent'. If you leave more of a space in having them meet you {eg. only going 50% of the way and then pausing}, you are now approaching 'enthusiastic' affirmative non-verbal consent, as your receiver closes the greater gap with a wider demonstration of their own will in action.

This concept is best explained through a physical example such as a kiss. A kiss is a common physical escalation point – a jump in intimacy occurs at this act and provides a prime place to practice non-verbal consent. For example, if you are the initiator/giver going in for a kiss, you can make lingering present penetrative eye contact and sloooooowly lean in, pausing at minimum 10-20% away from physical contact to the lips of your receiver. This 'hanging airtime' I call a 'Prolonged Pause'. This prolonged pause is the initiator non-verbally 'asking' a physical question through body language – moving forward indicating their interest, with the pause signaling a



space of respect that allows the receiver spaciousness to respond. If the receiver leans in to complete the kiss, this clearly demonstrates participatory consent (what I call a sign of 'affirmative body based consent') on their part, as they were given the choice to lean in, and in bridging the gap left by the initiator, actively chose to join in the kiss of their own volition. (Caveat being there may be power dynamics at play that may have led to the Receiver/Responder into feeling as though they did not socially have a choice – which we will discuss later – but in most typical scenarios the 'Prolonged Pause' is a great tool to use to gain a data point in favor of receiving a yes with affirmative body based consent).

'But what if I have to touch them somewhat for them to understand what I want to do?'

Let's say the initiator is feeling inspired to give a sensation that the receiver may not be able to see before it occurs, such as hair pulling on the back of their head. The author would recommend starting at a less-risky activity, such as resting your hand on their hair, or combing your hands through their hair to see how they respond first to this less-intense sensation. If you receive positive verbal or non-verbal signals, you can slowly turn up the dial, initiating escalation via slow slow slow light pulling of their hair at the base of the neck, all the while reading their body signals as you accelerate the pressure. Remember, if you are at all unsure if you are receiving affirmative body-based consent, you are always encouraged to verbally check in, as there is much to gain with increased clarity. You are also encouraged to ask for feedback such as, "how can I make this sensation better : how is the position, level of pressure, pace...? Is there something else you would rather have me do? What do you not/like?"

A great signal that it is time to break into the verbal realm is if you ever find yourself unable to track your partner or if any doubts or questions enter your mind that are taking you out of the present moment. In a way, a verbal check in indicates that you want to make sure that you are still in sync with your partner and shows that you value shared resonance enough to voice interest into deepening into greater harmony. You will gain greater levels of intimacy and a long-lasting positive relationship through frequent check ins, calibrations, clarifications, and questions posed to your partner. We demonstrate attentiveness through depth of listening, and in my numerous conversations with the body geniuses of the bay area and beyond regarding attractive traits in a play partner, attention always tops the charts of 'hottest turn on'.

## Love is Listening

The same ways we demonstrate love for children we can use with our playmates : by observing them, making sure they come to no harm, and patiently answering their questions. An additional layer that we may not always grant children but do for playmates is the respect of giving them the spaciousness to come to their own conclusions without pressuring them into what we think they may enjoy or interpret to be best for them.

We can remain neutral in our inquiry through taking on the role of detectives and suggesting hypothesis behind actions by using the phrase 'the story I am telling is...' and asking if

the projection rings true (eg. “The story I telling is that you are closing your eyes because you are having trouble separating your inner desires from my verbal expression of my preferences and desired activities – how does that land with you?”).

## Holding each other accountable to body language fluency

One proactive response, to the false and problematic assumption that verbal consent is ironclad, is the necessity to hold each other accountable to speaking body language. Body talk is our first language, as all babies can speak to, and we all have the underlying neutral connections to make the most of this rich, nuanced, and original form of communication.

Humanity would be well served to teach continuing education for physical communication to increase clarity and communication density. Body language holds deep nuance – as demonstrated by the continued preference for in-person interviews and insistence on live meetings to get a true read on people even in our dispersing digitized online age. The underlying truth of somatic communication is encapsulated by the phrase ‘the body never lies’.

### Non-verbal/Physical Language/Communication Common Translations/Basics

Although everyone is different, below please find some trends the author has observed for how to interpret physical movements. The author has encapsulated the basic ways of physically responding through the shorthand of ‘no/yes/more/less/pause/refresh’.

Moving towards : yes / more

Moving away : no / less / slow down / refresh

Speeding up : yes / more / increase energy, pace

Slowing down : no / slow / refresh

Tensing up : no / slow / decrease energy, pace

Yielding : yes / surrender {or possibly a tonic immobility ‘faint’ state – check for ‘presence’ signals to dispelling the possibility of dissociation and confirm continued consent}

Other aspect to note are : eye movements – open/closed, eye contact, breathing changes (heavier, deeper, quicker, shallower, swallowing, yawning), repositioning, movements synching up

Additionally non-linguistic sounds are a wonderful way to communicate and stay in the bodily experience : moaning, heavy breathing, animal noises – grunts, growls, yelps, purrs, squeals.

### Non-verbal Physical Safe words

Having a 'physical safeword' - a physical symbol to convey to your play partner that you need the activity to stop non-verbally ('red light') - is essential for safety during deeper levels of play or any type of activity in which it may be challenging to speak or hear. Additionally, you will likely derive benefit from creating a signal for 'decrease intensity' ('yellow light') as well. An 'all is well', 'please continue' {'green light'} symbol is also highly recommended as a nuanced touchstone to have. Over time you may naturally create a whole non-verbal language with your play partner, but these three symbols -stop, slow down, and go - are most paramount, so start by creating those together. Please practice these non-verbal communication symbols frequently as it is important to all participant's safety to get into the habit of using them so that they become second nature. This repetition promotes their prominence so that they are easily accessible even in the challenge of summoning them to mind / body in the altered state of sub-space.

Again, as reiterated from the more extensive section on safewords (but is so important that it bears repeating here), a common physical safeword is the 'two tap out' sign. This signal comes from wrestling when a combatant is pinned and they want to admit defeat, the pinned gives two smacks of the ground with an open palm or on the body of the pinner to signal to the pinner that they have 'won' and to release them. Another physical safeword for body handling, rope play, bondage, or restricting your play mates movement is for your bottom to hold a bell, keys, or other heavy, metal, or otherwise noisy object in their hand and drop it, causing a loud clatter to signal the desire to stop the scene/activity or check in.

## De-shaming Desire

### Showing your cards – Radical Honesty

When playing with a new partner, making the intention behind the proposed touch explicit allows all those participating to fully understand and agree to the activity and subtext. Although 'showing your cards' and letting others else know when you have romantic / sexual interest in them can be scary for the ego, there are a plethora of benefits to making this commonplace.

De-shaming the open expression of desire and attraction allows us to be honest with each other and prevents shadowy social manipulation or undercover attempts to reach our unstated needs. When we are upfront and specific about what we desire, we speed up the process of finding a partner who can enthusiastically connect with us in rapid transparency via conveying clear compatibility – laying out all our cards on the table. This initial honesty has a second trust building element – the more honest and vulnerable someone is with us up front, the more we can trust them to be forthcoming in the future (even in challenging scenarios).

Additionally, when we take another's expression of desire for us at face value, we can create a culture that decouples the simple expression of desire with the current social script of feeling the pressure of acquiescing to their response simply because it was expressed. In the same vein, we are free to respond without charge because we are not being expected to

engage in the expressed offer, as it is communicated as a preferred possibility of 'invitation without expectation'.

Nothing ventured, nothing gained

Most often conveying deep feelings is scary because of the fear that the other's feeling will not align, and the revealer will be rejected. The extreme terror that rejection can cause is bound up in fear for survival – when being accepted by others was a prerequisite for inclusion in the tribe during a time in our evolutionary history when aloneness equated with death. The ego's oversized fear is outdated - a symptom of the inflated alarm over a potential social gaffe, an overblown obsession with saving face and sparing embarrassment. Reframing to acceptance {even eagerness!} at failing early and often allows you to build stronger relational prototypes that allow you to receive your deepest desires from those who delight in fulfilling them. {Think of all the time and energy you save in not investing in an unclear unknown mismatch!}.

Working up the courage to clearly communicate how you feel allows you to seize the reigns of your life and avoid wasting opportunities that present themselves out of fear of rejection. This confidence translates into having more power and proactivity when interacting with others. The more frequent the rejection, the more effective the inoculation against fear of failure – for 'nothing ventured, nothing gained'. There is currently a general cultural wariness of saying or receiving a 'no' as well as a stigma around rejection that we would do well to dissipate – for ultimately our yes is only as strong as our no. Normalizing saying no without judgement and making rejection an acceptable and commonplace occurrence would also break our distended fear of receiving these ordinary answers.

There are many positive re-framing perspectives to consider when you encounter the terrifying, heart-stopping, 'worst case scenario' fear of radical honesty - when a no is received to an offer.

The Upside of No : Benefits to receiving a No

The biggest hidden benefit to receiving a No is that time is not wasted on pursuing futile actions. Although there may be a moment of awkwardness or discomfort in vulnerably sharing what you want and finding that the other person does not share your sentiment, you are able to know right away that you are not a match rather than wasting energy in courting this person sexually (no more 'unknowingly' being in the friend-zone!). (side note on the friend zone – the friend zone is only a bad thing if you do not value having people you are attracted to as friends!) You are then able to divert what would have been wasted energy chasing the uninterested into pursuing others who are more likely to enthusiastically meet (and even celebrate) your needs.

Verbal Responses to No – Counter-Offers

We as a culture would do well to practice the diplomacy of graceful Nos. The practice section on Expression earlier in this tome allows you to have 'no/low stakes' practice time in

receiving a No graciously, as well as responding in a way that feels authentic to you. Additionally, thank your partner for expressing their boundaries and taking care of themselves, as it can be a challenge for many to express their boundaries without fear {especially for those socialized as female, or the 'caretakers' or 'peacekeepers' in the family}. Allowing the receiver to make a counteroffer, or making one yourself, allows the connection and play to continue and models 'a no does not mean the end of play or the relationship'. Developmentally, it is useful to know that young children are only able to say no to their parents or caregivers when they feel secure in the relationship - that the child feels that they will not be abandoned/still be loved if they say no or express their body sovereignty.

See how you can get creative within the boundary, for 'a no just means a yes to something else'. My friends Catalina and Michael invented a new type of play called 'Energy Sex' because Catalina expressed that she did not want to have sex with Michael (when he was a new friend) with whom she was attending a sex party that evening as a first date. The pair got creative within the boundary and through circulating their sexual energy non-physically, they birthed a new way of relating that satisfies them both deeply that they now teach to others! They are still extremely close – subsequently, at times they have been lovers, and at other times have been platonic friends, even though they have never had penetrative PIV sex and likely never will. {\*Alternative relationship structures : playtonic friends, somatic friendship, best sexy friends}

After it becomes clear that the Receiver of the invitation is a no to the stated offer, they may still want to engage with the Invitee through another activity and may choose to propose a counteroffer of an action they would enjoy. This keeps the connection going and flips the roles - with the former Invitee then being Invited to decide if they would like to engage in this newly proposed way by the former Receiver of the offer. If you are new to this play partner this is a great way to vet them (see the section on 'how do I know I can trust someone') : you can experience how eager they are to interact with you as a person or if they simply wish to interact with you in a certain way; you can see if they continue to push or pressure you into the initial offer; you can see how gracefully (or not) they receive the no; you can see how creative they are when working with the no and your stated boundaries related to it.

### Somatic Redirect

If you are in a non-verbal space and communicating somatically and someone gives you a touch that you do not 100% prefer, you are empowered to adjust the touch. There are three ways to do so, which I will present in escalating order of want for the action to change (which also could be interpreted as severity of response depending on the context).

The first way to react is to redirect the touch for your enjoyment – cats are seen to do this, nuzzling their heads and chins into your hand when they want to be pet there and physically moving the point of contact to exactly where it is bringing them the most satisfaction {they also gently swat at you with their paws, or claws, if you touch them somewhere they do

not like!} This body repositioning can be the perfect response to an attentive partner, but if your playmate is not as perceptive or responsive you may wish to escalate the redirect.

The second way to somatically redirect is to physically grasp of the offending part with your hand and move it towards another place you desire – for example if your partner’s hand is beginning to slither up your skirt at a crowded party and you’re only wanting to engage at that level of intimacy in private, you can grasp their hand in one or both of yours and lovingly but authoritatively place it exactly where you desire more attention from their nimble appendage {such as in your hair, on your neck, waist, etc.}.

Finally, the third way is to combine either method with a verbal clarification if your partner is not getting the message somatically through body language. This can begin with a breathy request or education statement {eg. ‘I just fell on my hip, so it’s really sensitive, please don’t touch me so roughly on my right side’} and escalate as needed.

#### Initially Platonic

If you are new playmates and still developing rapport, your play partner may express that they would like to keep interactions platonic. In a new relationship, when we begin initially relating on a platonic level, a respectful trusting relationship environment can be founded on the evidence that both parties will communicate authentically even when uncomfortable or difficult. As the common romantic comedy date night movie trope often leads us to believe, it is even possible that the organic deepening and growth of the mutually co-compatible platonic relationship may over time result in feelings of attraction blossoming from the initially standoffish/protective/slow to trust that were not there initially. However, I strongly caution that this should not be the primary goal when agreeing to be friends.

#### Best case scenario of ‘showing your cards’

Upon revealing your feelings of affection you may find that, lo and behold, they have a crush on you too – and you would have never known had you not bared your heart !

#### Practice Produces Proficiency : Developing our Senses

##### Eye contact :

“Seeing is a form of touching at a distance, but touching provides the verification and confirmation of reality. That is the reason why eye contact is the perfect example of touching at a distance. Depending on the context of the situation, touching any person with the eyes is considered an affront or as a declaration of interest.” <sup>223</sup>

Find a partner and practice using eye contact and facial expressions to convey emotion / specific actions desired.

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<sup>223</sup> Touching, page. 124

1. Have your partner express the following prompts only in facial expressions  
  
Try : happy, sad, fear, anger, surprise, disgust  
  
And: yes, no, more, less, refresh, stop, I need a break.
2. Run through the prompts again, with full body movement
3. Repeat the prompts with sounds. Notice the relative ease of identifying an emotion or action based on having additional sources of information.
4. Run through the prompts once more and have each person narrate why a specific motion of their face or body indicates an emotion or desire {this is as much for the partner's knowledge as for the development of self-knowledge in movement patterns}.

Analyze any strong discrepancies between intention and impact to help bridge the gap between what is trying to be conveyed and the message that is received {eg. when you express disgust, I notice you move towards me, which I interpreted initially as you want more}. This allows for play partners to develop an understanding around their personal idiosyncratic communication patterns which they can then express to new playmates in their initial negotiations and elevator speeches.

## Electricity at a Distance :

This 'electromagnetic touching at a distance' exercise helps us hone our sensitivity to the electromagnetic fields that surround us, as another sensory component in the Gestalt of SomaSenZ.

From Touching by Ashley Montagu :

"The differences between individuals in skin sensitivity are quite remarkable. There are some who when they touch another feel 'a sort of electrical current' passing between them, whereas others experience nothing of the sort. It is also of interest to note that while some individuals retain this sensitivity into old age, others tend to lose it in middle age. " <sup>224</sup>

"The electricity that is often, metaphorically speaking, said to pass between people when touching one another may be something more than a mere metaphor. The skin is an especially good electrical conductor. Electrical changes may be measured at the skin surface in

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<sup>224</sup> Touching, pg. 182

a variety of ways, one of the best known of these being the psychogalvanometer or, as it is commonly misnamed 'the lie detector'. Emotional changes acting through the autonomic nervous system usually produce an increase in the electrical conductance of the skin (a decrease in resistance) across the palms of the hands or feet. There can be little doubt that in tactile stimulation electrical changes are transmitted from one individual to the other" (pg.182-3)

Exercise : Pair up. Have one person, the receiver, close their eyes, and the approacher, starting from afar, approach a part of the receiver's body making sure not to touch {keep in mind not to touch the hairs of the skin}. Have the receiver state when they can feel the approacher, guessing where the contact is closest, and then opening their eyes to see if they are correct. Sense into honing this skill. Try adding another degree of challenging and guessing how far away the approacher is at their closest point to the receiver.

#### Promiscuous Flirting :

Flirting is a great place to have fun practicing with expressing physical attraction in a low/no pressure scenario and engaging more with others in the world. As the author learned in a flirting workshop, 'flirt with the world, and the world will flirt back at you'. Flirting is also an excellent space to practice saying no while continuing to engage someone in a socially interactive dance. Practice flirting anywhere it is appropriate – in the store, on the phone, at events. Flirting works well to spice up places that are traditionally 'boring' such as the grocery checkout line, post office, or DMV. Make sure your flirting is clearly playful fun for all involved – keep it lighthearted, unattached to outcome, and for added challenge, try to always include a socially graceful exit for those you are interacting with. To increase the pool of potential flirting candidates, flirt with people you are not necessarily sexually interested in (eg. flirting with your grandparent's friends). By flirting with those you are not sexually attracted to you gain valuable 'practice time' to try out your personality before a 'high stakes' scenario in which you genuinely fancy the target of your flirtatious banter. It is not recommended to flirt with people who are actively working, especially in customer service positions, as there is a power dynamic in which their job may depend on catering to you, which affects their ability to say no.

#### Practicing : Comfort Receiving Nos

##### Bus Stop Backrub Exercise :

Offer someone a touch that you are 'certain' that they will say no to (eg. ask for a massage from a stranger at the bus stop). Consciously practice comfort with making a fool of yourself, and be surprised at the range and style of answers you get to your offer (this is also a



good way to learn the variety of ways that you can reject someone). Propose a counteroffer or invite them to suggest how they would like to be interacted with. Be open and receptive to their response and check in with yourself as to whether you want to engage with them in the way in which they offered.

## Pure Play

Occasionally, such as with children, pets, or friends, one may find a play partner who will simply enjoy the touch for what it is – an exploratory gift of the moment. Holy Hedonists! If you are so lucky to find this rarity, they may be a good candidate to explore what kinds of touch you enjoy without obligation or shyness (with obvious considerations of conscientious appropriateness with children / pets for lack of informed consent). With such a partner the delight comes from the exploratory play itself – relishing in the journey without attachment to destination. The focus of the session can be falling as deeply as possible into the ‘now’ of the body experience, drinking deep of the delight of the moment. When you are blessed by such a relationship, all the actions within a session become a pure gift, and you are welcome to show up fully as your silly, sound-full, sacrilegious self (such as by laughing when a tumble takes place or invariably gas sounds as it is squeezed from intestines). For examples, the author is fortunate to have many bodywork friends in the Bay Area who continue to help develop the SomaZen Razma Movement Method positions and adjustments through our untangled, sometimes sloppy, highly experimental play that the author calls ‘Somatic Friendship’.

Through touching others, we are able to feel our own edges, and in the practice of SomaZen we can expand our sense of self to include others. “As Water Ong has written, “And yet, by the very fact that it attests the not-me more than any other sense, touch involved my own subjectivity more than any other sense. When I feel this objective something ‘out there’ , beyond the bounds of my body, I also at the same instant experience my own self. I feel other and self simultaneously.” <sup>225</sup>

“Ortega goes on to point out that touch differs from all the other senses in that it always involves the presence, at once and inseparably, of the body that we touch and our body with which we touch it. Unlike vision or hearing, in contact we feel things inside us, inside our bodies....Thus, it comes about that our world is composed of presences, of things that are bodies. And this they are because they come into contact with the closest of all things to us, to the ‘I’ that each of us is, namely, our body.” <sup>226</sup>

## Safe Loving Touch Exercises

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<sup>225</sup> Touching, pg.124

<sup>226</sup> Touching, pg. 125

Throughout these exercises note how your nervous system initially reacts and if/how you relax into the exercise. Are there memories or metaphors that come up for you regarding how you receive touch or your inner physical experience of giving / receiving touch?

### Ragdoll Cradling Exercise (credit to Karen Moriarty) :

Form duets, with one member as rag doll and the other as the cradler. The cradlers prompt is to love, hold, nurture, rock, and demonstrate physical affection for their beloved rag doll. Cradlers - this is your worn out, favorite doll, the one that has been with you from the beginning, the best friend always dangling from your arm – you have never gone anywhere without your beloved doll soul twin. How can you show your love and affection to the doll? How close and entangled can you get with your doll? You may want to stroke you dolls hair, whisper secrets into their ears, or tell them a story. Ragdolls – how physically inert can you get – you are an intimate object, limp, yielding, and receptive. Now go deeper into child's mind surrounded by play, innocence, wide-eye wonder, and imagination. What does this relationship feel like in the body? In metaphor? Switch.

#### Discussion :

Receiver : How does it feel to receive such childlike love? What are your memories of being held tenderly? Notice when you do not trust them to hold you – where do you tense up? When / how does your body tell you they are trustworthy? What was the hardest aspect to receive (true surrender in your body, their secrets)? Do you trust the pure nature of this experience or is your mind going into protective thoughts evaluating what they might want from you? Did anything change when you went into child's mind?

Giver : What was the hardest thing to believe or to trust your doll with (secrets, or perhaps that that they would not leave your side) ? Did you remember how you used to demonstrate love physically when you were a child? Why do you think you have that imprint of how you express love (eg. grandparents always pinching your cheeks; roughhousing among playmates as a sign of acceptance)? How were those demonstrations of love received as you were growing up? If you engage in them, how are they received now, or how have they changed form? What would it look and feel like to more openly express love in these ways now? What holds you back from doing so? What are the risks / rewards?

### Listening to Heartbeat Exercise :

In this simple exercise you will lay your ear over another's heart and listen to their heartbeat. Find a position that is comfortable to both of you that can be held for a good long while without tension in the body. Can you feel their breath? Can you feel their water body move as they breathe and create subtle vibrations? Can you feel how their heartbeat expands their outer boundary almost imperceptibly? Switch.

Discussion :

Notice how your breathing changes – do you end up in sync? Where are you holding tension – in your neck, not wanting to fully let your head sink into their chest? In your shoulders, not trusting their body to hold your head? Do you feel as though you must remain frozen in one position or do you feel at ease moving and slightly shifting your body pose in a natural and fluid manner without much thought? Do you have any recurring notions of doubt or uncertainty in your mind, around what do they orbit?

Human Blanket Exercise :

For 3 minutes you will have your partner lay on top of you as a human blanket. Decide if you want to be face up or down. If you are unsure, the author recommends face down as it is less vulnerable. Do a short 10 second 'nestling' trial with your partner on top of you (with your partner's face towards the ground) and see if you need to assemble any squish or pillows you may need to feel comfortable being compressed on the floor (putting a pillow under the hips and head is recommended if the flooring / ground material is hard). Feel free to move or adjust positions if you become uncomfortable. Switch.

Discussion : what memories came up for you? Did aspects of the experience change over time? What was the experiential story arc?

## Level IV Advanced Topics –

### Blanket Non-verbal consent

In due diligence I wish to preface this section by proclaiming that Non-verbal consent is an advanced technique for garnering consent (as opposed to merely using non-verbal monitoring as a skill to determine that playmates are still in attuned resonance) and should only be used when all partners are confident in identifying and expressing their boundaries, know each other's signals well, are deep listeners, and have pre-established trust and accountability structures that are active and robust. Non-verbal consent should only be used after a verbal conversation (ideally several) establishing that non-verbal consent is appropriate, welcomed, and constitutes an enthusiastic yes.

The author has certain playmates with which a container of non-verbal communication and consent has been established. The author has given verbal 'blanket consent' for trusted playmates to touch in certain broad ways, and that the author is a pre-approved yes for these types of contact unless stated otherwise in vivo in a future moment. As an example, a frequent blanket consent the author gives is for hugs, although occasionally (rarely), the author does turn down hugs even from beloved people for a variety of reasons, some of which have nothing to do with them personally {eg. author is too hot / sweaty for such close contact, tired, needing a moment of solo time, author is repelled by their smell, etc}. The author also turns down hugs when feeling horizontal, and giving a hug would require the author to stand, thus needing to

overcome a lot of inertia when the author is cuddled comfortably in their current state and recuperating or gathering energy. Additionally, in greater nuance, there are some people in certain contexts the author turns down a hug with {especially personally taxing hug-justments} if the author is in an emotionally tender place and does not have the resource to give that energy to them. The deferral may be as simple as being on another mission and not wishing to be waylaid.

As demonstrated by this spelled out example, just because you have given blanket consent for something does not mean you cannot say no, blanket consent is more akin to a 'standing order' or invitation to engage in certain types of touch without needing to go into a negotiation, asking permission, or requiring discussion every time. Blanket consent makes the natural closeness that tends to develop between friends, lovers, or partners more explicit, bringing clarity to how the relationship is developing. Bringing trends of what has been formally implicit into the explicit helps us consciously create the structures that fit the needs of all parties in the timeline that is best rather than just leaving this important work to chance or to the inertia of normative cultural pattern.

While learning and practicing the skill of non-verbal consent it is several degrees more important to be obsessively attentive to what your partner is communicating and to go slow. Due to the dearth of teaching the language of the body in traditional schooling, a useful comparison to make is as though you are learning a new language through visiting a foreign country. As in the case of visiting a foreign land - be careful, courteous, and curious! Remember that as infants and young children all of us communicated through fluency in body language for survival before learning how to verbalize (in the hopeful case that we had attuned and expressive caregivers). This tome seeks to aid the revival return to our Original Language : Embodied Communication !

## Discussion

What type of consent communication forms do you prefer (verbal, nonverbal, energetic)? Do you utilize the methods you like most or do you default to another form? How can you turn the dial up on your preferred consent communication form? Does your preferred mode of consent change depending on the environment, level of trust in partner, or your mood? Ask these questions of both yourself AND your play partners.

## Fixing the Broken Stair : Reforming Predators – the need for 'Sensitivity School' / an Awareness Attunement Academy

In part the author wrote this book to address the dire need for educating, rehabilitating, and re-integrating reformed predators back into our communities as trained, respectful play partners (that we can also keep an eye on to make sure they have indeed changed rather than ostracizing them and having the pattern repeat in another community). The term 'missing stair' encapsulates the current environment well : predators being 'worked around' in a community as

'commonly known' dangerous entities without having the issue addressed directly (much like everyone becoming used to jumping over a broken stair in contrast to deciding to fix the stair, and having those who were not informed about the 'obvious to everyone else who had been told' hurt themselves on the broken stair they did not know about)<sup>227</sup>.

### De-shaming Predatory Behavior

There is a need in our communities to de-shame and de-stigmatize being labelled as a predator / having predatory tendencies. Although it is crucial that we hold predators accountable for their actions through a re-education program, when we de-shame the process of being given the label of predator we open the possibility for reformation. Additionally, focusing on the label as temporary until reform has been integrated also minimizes the reactionary whiplash of being given what, as history shows, has been a damning label for life. The current proliferation of 'cancel culture' {in which someone's life is completely ruined when they have been 'outed' as a perpetrator} reveals that we do not have clear structures for restorative justice pathways to reform the perpetrator, change the issues at a cultural level, nor support the survivors to get the help they need. This 'banishment' process also taps into the primal fear of not being ostracized and isolated from community/tribe, which throughout all hum-animal history meant death. This 'scarlet letter' process of the past encourages the panicked denial that ultimately goes along with attempting to shrug such allegations, because of their lifelong effects. Consider the parallel situation of jailing someone for stealing, not giving them any rehabilitation within the penitentiary, and then releasing them, only for them to repeat their crime due to lack of alternatives or opportunity to reform, resulting in a revolving door of continued jailing and wrongdoing (not to mention the context of violence, gang exposure, and additional hardening that is likely to occur in prison / in a socially ostracized position). Additionally, when we take the focus off punishment and carceral culture we can instead direct much of the energy to supporting survivors in their healing.

When we de-stigmatize the label of predator we also acknowledge the reality that these predatory behaviors did not happen in a vacuum. Instead, we focus our efforts at gazing deeply at the root causes of the behavior in a less personally charged and emotional way - aiding in problem solving and creating structures in which this behavior is no longer likely or even possible. With this systemic societal wide lens, we can address the pernicious underlying factors that laid the foundations for misconduct and eradicate the possibility of predation through personal and social systems development. Social factors contributing to predation include the touch isolation that men are encased in US society, lack of outlets for safe loving touch, and other factors discussed in the 'How did we get here' section of this book.

When we focus on forgiveness and use a restorative social justice model, we focus on how we can make things right rather than focusing only on the blame game of who was in the wrong. This shifts the focus from individual people to systems thinking to address issues that humanity has continuously been dealing with since the beginning of recorded history. Clearly,

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<sup>227</sup> <http://pervocracy.blogspot.com/2012/06/missing-stair.html>

our systems are broken in specific ways, and they are producing broken people in need of help and re-education. This book and embodiment education program is one heartfelt response to this urgent need, and I earnestly hope many more resources follow.

Our current environment, of calling predators out without systems of reform in place to direct them to change, does not address the root causes of the anti-social behaviors and will cause the unconscious perpetuation of predation. Additionally, the current system puts all the onus on the victim to shoulder the burden of seeking justice, often with community scrutiny as to the truth of the allegations, judgement, and near-zero emotional support structures. Instead when we take on predator re-education as a community the victim can allocate their energetic resources where they are of most need - to heal from the trauma they underwent and reflect on ways to improve systems to prevent such transgressions in the future.

#### How Labelling Perpetrators/Predators and Sensitivity School Can Work in Practice

1. Survivor inputs an allegation of Perpetration/Predation of an individual into a secure online repository, which is then cross referenced to any other allegations made against that person throughout time, and which are brought up for #2 to consider as evidence. Within the platform there is the opportunity to have the Survivor choose to report anonymously {with a security format in which their identity is at minimum 'confirmed but anonymous identity', and their identity is considered extremely privileged information and is protected to a high degree. The system would also allow other options such as anonymous unless there are other allegation made {open to giving testimony if other Survivors emerge} in a type of class-action framework}
2. A highly regarded Counsel of trained community mediators that are familiar with that culture evaluates the case. Opportunities for the Perpetrator to provide proof of lack of predation as well as any proof from the Survivor for victimization, including any other Survivors testimonies from the database in the evaluation. Survivor shares what would help them in their healing process, or if they do not know, a trauma recovery expert provides suggestions.
3. Depending on the severity of the case, there is a general call out to community, for both expanded proof of character for the Perpetrator, and as an invitation to other potential Survivors who have not inputted their information to the database to share their stories. The database also tracks who is making allegations of Predation and provides training in confidence at expressing boundaries and other more extensive educational programs if it is found that one individual is making a very large degree of accusations / otherwise suspected of over-reporting in the system.
4. The Counsel deliberates and decides on a course of action, with the recommendation that three essential aspects be included at minimum : help with healing for the survivor, the re-education of the Perpetrator, and addressing the culture that may have contributed to these casualties as symptoms of a broken system.
5. Council is encouraged to suggest specific steps, including enrolling the Perpetrator in 'Re-socialization' educational programs, such as Sensitivity School / an Awareness Attunement Academy or other more direct forms. Council issues a statement of

- allegation, in which the wider community is informed of who has made the allegation {if they choose to not be anonymous, at least including the number of people who are making the allegation and considering including other patterns of behavior, such as the Perpetrator going after young women}, what type of support is requested for the Survivors, the Perpetrator re-education plan, and some starting thought about how the community can prevent this behavior from occurring in the future.
6. As additional Survivors come forward their testimony {can be anonymous if they are afraid} is added to the thread of the document (available for searching online in a database that any community or group can access). This public statement starts the cultural warning system to help inform what would have been potential victims of the Perpetrator and lets a wider net of communities know to keep a special eye on the Perpetrator if they show up in a new scene. The opportunity for dissenting views on the character and actions of the predator can be collected in the database / on the document thread (eg. 'character witnesses' both pro / con).
  7. The Council's evaluation will rule as to whether then label of Perpetrator is appropriate to the facts of the case, as well as speaking on the types of perpetration and the severity / frequency of the occurrences.
  8. Restorative justice measures decided by the council will take place, which ideally center the survivor via empowering them, validating their needs, and repairing the harm done to them. "Restorative options include sharing circles, victim-offender dialogue, victim impact panels, community reparation boards, circles of support, sentencing circles, conferencing with juveniles and adults, and restorative discipline in educational settings." <sup>228</sup> Transformative justice measures may include generating and providing educational materials to the community, and other cultural change prevention methods that make the harm less likely to occur in the future.

Common concerns against this process, will be addressed preemptively in a live iterative process in community.<sup>229</sup>

This is just a first pass, the author welcomes iteration & improvement by informed individuals and communities at the site linked in the footnotes.

### Sensitivity School / Awareness Academy & Expression + Embodiment Education

There has been a clear need expressed by several SA cases that have desired to utilize Transformational Justice that there is a need for a 'Sensitivity School / Awareness Academy' for those with predatory tendencies to learn how to read the body language and social signals of others. On the flip side, there is also the need for an 'Expression + Embodiment Education'

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<sup>228</sup> <https://vawnet.org/material/restorative-justice-responses-sexual-assault>

<sup>229</sup> A link to this portal which is initially being called 'Transformative Justice Council' is available at [www.raz.ma](http://www.raz.ma)

program for Survivors or potential victims {in broad strokes often : those AFAB<sup>230</sup>, socialized as female, or those finding themselves in caretaker roles in their families}.

If the Predator chooses to attend Sensitivity School, they undergo the curriculum, learning in depth through practice the social and relational skills they may have missed. One portion of the curriculum may involve the Predator being assigned a Voluntary Victim who was violated by another perpetrator and has fully healed of their trauma to enter a dialogue of understanding and address the underlying social issues that need to change for the act of harm to not be repeated. There may also be a general conversation in the community between victims and Perpetrators (not each other's) with each side attempting to analyze the factors that went into the act of harm to help co-evolve culture.

Even after the Predator has gone through Sensitivity School, to evaluate whether the individual in question has reformed, we as a community need to address the matter through keeping eyes on the person and making sure anyone interacting with them is safe. Under this additional surveillance we can test and see if the perpetrator has authentically embodied their learning and changed deeply or if they are putting on a mask that occasionally slips off. This behavior may be reminiscent of speaking in a politically correct way while continuing behavior that is racist or bigoted (the values and roots of the evolved movement being cooped as a thin veneer insidiously propagating the issues they were trying to solve). Through a predator 'catch and release' system we also hold the community accountable to judging if the individual has truly reformed, especially in the period immediately after re-education, and reminds everyone to keep an eye on those 'on the fringes' and look out for each other. Part of Sensitivity School will involve past predators mentoring those who are newly accused Predators as their continuing duty to the health and safety of the community. 'Sensitivity School' is a program that welcomes collaboration : stay tuned at the progress at the website of this book [www.corporealconsent.com](http://www.corporealconsent.com)\*.

## Kink, BDSM, Boundaries, and Consent

I was fortunate to connect to kink /BDSM (bondage & discipline, dominance & submission, sadism & masochism) in my young adulthood and was drawn to it through the detailed practices around boundaries and consent, applying many of the principals I learned in my teachings and embodiment education / coaching practice. Due to the intensity of many of the acts, scenes, and the possible unfamiliarity of new play partners to each other's preferences, out of necessity BDSM has developed a host of skills, techniques, and terms to create an extremely well-woven safety net of consent. BDSM culture emphasizes personal responsibility over 'idiot'- or 'baby'-proofing potentially dangerous scenarios and this focus forces a comprehensive 'covering all the bases' negotiation style. Negotiation is a cornerstone of BDSM and encompasses

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<sup>230</sup> Assigned female at birth



the pre-emptive verbal dialogue between the people who are going to 'play' or engage in a 'scene' (activity) to establish their interests and boundaries before any action takes place. For a platonic touch play context (very low-risk) some of these topics may be perceived as 'over-cautious' but seeing as people choose to engage in a diversity of ways, some of which have much higher risk, I stress it is wise to practice these skills proactively before you need them.

### How BDSM helped me find my boundaries and understand advanced consent

BDSM was a crucial piece in the puzzle of what allowed me to heal from the trauma of losing my virginity to rape. In the container of BDSM I gained detailed knowledge about the diversity of sensations and types of play possible. I found my space of comfort within BDSM and explored body handling, percussive, and impact play (mostly I discovered that others enjoyed the same activities that I did but perhaps for reasons beyond simply physical stimulation). Negotiation and communication were mandatory and helped me feel safe and secure in knowledge in what I was enthusiastically agreeing to with clear terms of exchange, disrobing my fear of 'owing' an unknown debt to my play partners. I love the nuanced vocabulary that has emerged around BDSM, such as describing the giver of sensation as a 'top' and the receiver as a 'bottom' and allowing for a wide range of nuances of social dynamics such as 'topping from the bottom' or being a 'service top'. Educating myself about BDSM allowed me to uncover the power dynamics unconsciously operating behind broader social structures and interpersonal interactions and gave me access to the terminology and culture experienced with making these factors unambiguous.

In BDSM spaces I found partners who went slow, read my body language, and checked in. I also found myself in situations in which I needed to speak up to have my internal experience be understood so that my play partner could meet my needs with greater alignment. I also encountered 'fluffy service tops' (like myself) who often simply wanted to provide newbies with novel experiences that enriched their lives and added depth to their understanding of what was possible in the spheres of sensation and relation.

In kink I found a realm in which I could romp and relax, feasting at the buffet of sensation play without feeling pressure to be pushed into sexual waters – my luscious reactions and vocalizations providing all the tribute required to the giver of sensation. In dungeons, I was deeply apricated for my embodied gifts, body handling, energy sex, and splashy vocalizations & moans. I particularly appreciated the emphasis on reputation and community accountability which filters out abusers and manipulators quickly. I address how wider communities can address these factors in my 'Reforming Predators' section. Of course, the kink community is also not perfect, and there have been several brave souls who have brought up the issue of silencing victims due to the unique social space that BDSM occupies (Clarisse Thorn writes well on the subject\*\*)

### Negotiation

Negotiation is a word that comes from BDSM culture, and I have found it is a useful model for communicating needs, desires, and plans between potential play partners. "In the D/s or

BDSM environment negotiation is one of the most basic building blocks of a power exchange...it is agreeing when and where to meet, what limits might be imposed or explored...physical and health considerations, emotional landmines, the use or absence of safe signals, [and] how and when the scene begins and ends.”<sup>231</sup>

A great tip to enhance clarity and make sure no topics are forgotten during negotiation is to preemptively write out your boundaries, desires, and other pertinent information to convey to your playmates in advance. This also provides an individual check in as to whether you are “able to discuss sensitive topics openly and honestly”, for if you cannot, you must seriously reconsider your status as “emotionally mature enough to engage in these activities with this person if you are not even able to speak about it openly”. This allows you to prepare your ‘elevator speech’ : a concise 3-5 minute summary of your health/injury status, boundaries, preferences, needs, and wants for connection.

One style of negotiation involves the use of white lists or black lists. “White list only indicates you will only perform activities that are explicitly negotiated as a “YES, please!”. Black lists indicate that you will do anything that is reasonably safe and sane, and isn’t indicated as an “I very much do not want to do this”. For new-to-you playmates or activities, it is recommended to operate with a ‘white list only’ status until you get to know them over time. Even under a ‘white list only’ status, it is helpful to know your playmates black list so that you can more deeply respect their preferences.<sup>232</sup> A yes / no / maybe list is another common form, and some juicy Y / N / M lists are available readily online.

## Beginning Verbal Discussions

When beginning verbal discussions use I statements, and clear, concise, and assertive speech ( “I want” and “I do not want”) to express boundaries. Start small and simple with negotiations and don’t be afraid to speak up if clarification is needed (especially if the point is particularly salient for you) so that your wishes can be properly followed and reinforced. Leave nothing up to interpretation at first and gradually you may consider negotiating ‘Maybe’s’ as it become appropriate for the developing dynamics (eg. over several scenes / interactions if you are comfortable with your playmate). Experienced players find clarity and honesty in negotiations more valuable than someone claiming to have ‘no boundaries’ and pushing past their comfort zone and ruining a scene. Kink is not a race, you will always have more opportunities to play! Start with a light and respectful scene, which allows for trust to build with additional conversation and interaction over time causing a natural deepening.

Do not agree to anything you aren’t enthusiastic about doing.

If you aren't comfortable and 100% sure if you want to play with someone, don't play.<sup>233</sup>

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<sup>231</sup> [http://chicomunch.com/publ/basic\\_info\\_about\\_bdsm/basic\\_bdsm\\_negotiation/1-1-0-21](http://chicomunch.com/publ/basic_info_about_bdsm/basic_bdsm_negotiation/1-1-0-21)

<sup>232</sup> <http://www.bdsmwiki.info/Negotiations>

<sup>233</sup> <http://www.bdsmwiki.info/Negotiations>

## Non-verbal negotiation

If you are engaged in low key physical play within the container of a class or a well-held workshop, extensive negotiations to practice a skill or prompt may not be necessary or possible. Additionally, in pick up play, or on a non-verbal dancefloor, verbal negotiation may not be possible.

A good rule of thumb for situations in which verbal negotiation is undesirable, unlikely, or impossible is to start by watching to gain more information about the players and the scene. If you feel as though your interaction would contribute and be welcome, make eye contact and make a physical gesture of 'asking' (eg. eye contact, hovering hand over arm to physically 'ask' permission to touch, making light contact and waiting for them to press their body into your touch as a 'yes more').

Start any new type of touch 'low & slow' – with low intensity, pressure, and pace, and only increase if your partner shows signs they desire more stimulation. It is also recommended that you touch your play partner on portions of their body where they can see you touching them at first (not staring out by sneaking up and smacking them on the rump unless they have expressed their desire and delight at this sudden shock). When introducing any new types of touch or sensation monitoring your partner's body language is additionally re-emphasized. <sup>234</sup>

For a thorough Negotiation Short and Long Form please see Appendix E. \*\*

## SomanautZ / Radical Bodywork Specific Negotiation Prompts

What would you like to share with me about your body / state ? Any areas that want special attention? Any areas to avoid ?

Injury Inventory : What is your injury history? do you have any old injuries ? would you like me to specifically avoid or work on those areas (eg. to break up scar tissue and fascia)? do you have any new injuries?

Do you have any medical conditions that are relevant to note?

Are you hyper-flexible?

Do you have any time limits to set an alarm for? If you fall asleep what would you like me to do?

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<sup>234</sup> <http://www.bdsmwiki.info/Negotiations>

Do you want to be in one role (dominant, submissive, switch) for a portion of time, or the whole time? Do you want the switching to flow back in forth in longer periods of time or like quicksilver whenever the feeling rises?

What are your signs / noises / vocalizations for &/no/yes/more/less/pause/refresh ( & X 0 + - || ~ \*\*)

## How to make negotiation Safer : Community Net

For people entering a new community or place, there are several ways to make choosing playmates and having negotiations safer. These guidelines are particularly geared for those who are more submissive or have difficulty appraising if others may do them harm, reducing exposure to predators though relying on community reputation and visibility during vetting.

- Play in a public place such as a dungeon, contact improv jam, or event.
- Have a neutral party observe the negotiation and play such as a friend, event host, dungeon monitor, or even an attentive audience.

When new playmates are watched (especially the first-time people are playing together) they are much less likely to do something unethical, dangerous, or abusive which will reflect badly on their reputation.

- Find a protector / mentor and have them select a play partner and negotiate with or for you.

Ideally this person is more experienced than you with the type of play you are wanting to engage in and is “a very trusted friend who very thoroughly knows your intimate desires and boundaries” with skill in choosing good play partners.<sup>235</sup> This person may have been in the shared social circle longer, or generally respected as a good judge of character. Regardless of what others say, in the end the safest bet is to trust your personal instincts above all. \*\*

## When playing in private - Set a check-in alarm

Pre-arrange with a friend that you will call them at a certain time to check in and make sure all is well on/after your first ‘play date’ with a new partner. Make sure that this friend has the address, name, and contact information of your new playmate. Tell your potential playmate that you are doing this (you can also recommend that they do the same). If they react with anger or judgement, note that as a huge red flag and reconsider playing with them, or proceed with additional caution. Be sure to set an alarm on your phone so you do not forget to check in

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<sup>235</sup> <http://www.bdsmwiki.info/Negotiations>

with your friend. Remember – the first play date with a new partner is the one most likely to go wrong.<sup>236</sup>

## BDSM Consent

BDSM ‘Best Practices’ advocate for informed (risk-aware) express consent rather than implied consent (eg. inferred from silence). Informed consent means that all parties involved have a “clear appreciation and understanding of the facts, implications, and future consequences of an action” and are aware of the potential risks of any action. Informed consent can be “given in writing, by speech (orally), or non-verbally, e.g. by a clear gesture such as a nod”.<sup>237</sup>

### Consent :

- requires a clear, enthusiastic, resounding yes; can never be assumed, it must be granted
- when given does not constitute blanket consent, it can be revoked at any time
- is ongoing - requires continual communication between all parties
- is only capable of being granted by someone who is fully capable, fully informed and not coerced
- requires that each person involved is responsible for respecting, maintaining and/or communicating consent.<sup>238</sup>

Many of the terms, concepts, and practices of BDSM have helped me immensely in understanding and navigating platonic touch situations. For example, due to many BDSM folk’s interest in power play BDSM makes explicit the typically hidden power dynamics present in many interactions with vocabulary to provide delicately nuanced detail.

Due to new playmates initial unfamiliarity with each other and the potentially intense nature of interactions consent is crucial, and trust is built up in the community over time through reputation, skill, and clear negotiation.

### Absence of Judgement

There is trend in BDSM of preparing short 3 minute ‘elevator speeches’ in which each person’s preferences (‘yuck/yum’) are expressed, their hopes/desired explorations for the night are conveyed, and last test date / STI (sexually transmitted infection) status stated. This open and vulnerable sharing is part of the cultural fabric of informed consent and the radical unabashed honesty of the revelations allows mutually compatible play partners to find each other quickly and easily. When I encountered my first elevator speech sharing session I felt as though I had

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<sup>236</sup> <http://www.evilmunk.org/a/jay.cfm>

<sup>237</sup> <http://www.bdsmwiki.info/Consent>

<sup>238</sup> <http://sunnymegatron.com/consent-sexual-boundaries-yesnomaybe/>

hardly explored my interests compared to the compressive and specific answers that many provided!

The emphasis on lack of judgement in BDSM is conveyed in a common phrase 'don't yuck my yum' abbreviating the notion that we all have preferences and just because you don't share someone's penchant / perversity does not give you the permission to judge them. BDSM's emphasis on deep sharing of personal preferences and proclivities provides a refreshing model for the clarity that comes from radical honesty and results in a system that provides the potential for comprehensive detailed matches between different playmates that are new to each other with the utmost rapid efficiency. Immediate intimate self-disclosure allows compatible playmates to find each other rather than trying to manipulate or mold someone into playing a role they are unsuited for or uninterested in. The protective nature of thorough preemptive discussion and agreement puts personal responsibility and agency at the forefront before any action occurs. Combining this with BDSM's cultural emphasis on checking in during play and 'aftercare' once the scene has ended make it a model worth studying for anyone who cares about the wellbeing of their playmates – platonic or otherwise.

The lack of coercion and openness to 'no' and 'stop' in BDSM provides a strong model for healthy relationships. People only play together because they both want to, and anyone can stop the action at any time, for any reason (such as a bio-break – short for biology break like needing to go to the bathroom).

#### What BDSM can teach us about boundaries

When playing with a new partner it is good to have an exploratory conversation to establish your hard and soft boundaries, your rules/preferences around them, and what your intentions and desires for engaging with the person are to see if you are a good fit - having common ground to engage with harmoniously to mutual satisfaction. This may sound like sharing hard boundaries (eg. not wanting to be touched in a certain place, no penetration, no kissing on the mouth) and describing moments that you want to be checked in with (eg. check in when you increase the pressure beyond a firm handshake, check in before you slip under my clothing, check in before taking any piece of clothing off).

Within this initial conversation is an apt moment to establish words that signify stop, slow down, keep going, increase the pace, and decrease the pressure (for example, red, yellow, green, yes, more, lighter). BDSM uses red/yellow/green/pink light to convey stop/slow down, check in pause, less/all is well, you can increase the sensation. Pink light is coming into vogue as a sign to take a non-scene related break – such as a bio-break to get water or go to the bathroom. Some 'safe-words' are used to stop the action outright, such as 'red light' or 'STOP' while others can communicate a willingness to continue, but at a reduced level of intensity (such as slow down / yellow). I would encourage erring on the side of nuance (eg. orange light), but only if it is easy to remember.

Additionally, if you are engaging in pressure play it can be useful to have an intensity rating scale of 1-10 and asking your partner where they want to be within that chart (eg. I would like to be at a 5-6, starting by building up from a 2, with a few moments at 7, with a maximum of 8). To do this you can give them some pressure and ask them what number that is, increasing and decreasing the pressure and getting their response to calibrate what their '2' or '8' means in terms of your provided pressure.

Pro dommes are deep listeners

Pro dommes are highly respected and sought after because they are consent specialists and are clear and thorough in their communication. Through the domme's ability to listen attentively to their sub before the scene (as well as translating the physical signals that are unspoken during) they weave a safe container for those they are playing with. Through the magic of attentive presence, the strong container created by the domme allows the sub to submit to the domme's control with confidence. Thus, the prerequisite for continual trust is fulfilled, allowing the sub to surrender to their deepest desires. This feeling of submission, or 'sub-space' is immensely pleasurable and relaxing for the sub, who feels cared for and attended to on a level that is infrequently found after infancy. Many dommes also can derive benefit from guiding their subs into this space, enjoying the Godlike rush of being in power or the feeling of nurturing someone they love, providing an intimately curated experience in which the sub can surrender further than they ever imagined through reading (and often enjoying!) the subtle communications of the sub's body language.

## Appendix

### Appendix A

#### Meta-Analysis of TI Continued

#### TI in SA: Methodologies, Tendencies, Patterns

"One of the ways in which participants were able to "check out" during SA was to avoid visual contact with the perpetrators. The intensity with which participants described their desires to avoid all visual contact with the SA in general and the perpetrators specifically was notable. All participants here described this, and some even continued to avoid eye contact with perpetrators for weeks and months after the SA. It has been demonstrated that birds remained immobile after an induction of TI when a human was in close proximity, and that "this effect was exacerbated when the experimenter maintained eye contact with subjects during testing" (Gallup & Rager, 1996, p. 71). Among animals, both the presence of simulated eyes (Gallup, Nash, & Ellison, 1971; Gagliardi, Gallup, & Boren, 1976) and reflections of an individual animal's own eyes (Gallup, 1972) have been shown to stimulate a TI response. It seems that, among both humans and animals, eye contact is potentially a contributor to TI responses. This response is also consistent with an avoidant coping response. Participants' reports of attending to clocks and mirrors may have been part of their efforts to "check out" during the SA. Attention being drawn to clocks and mirrors may

also indicate that attention during TI is altered; it seemed here to be associated with the mental and emotional distance victims sought to put between themselves and the SAs. Gallup, Boren, Suarez, Wallnau, and Gagliardi (1980) noted that animals continue to scan their environments during episodes of TI. In human beings, this scanning could be easily drawn to light and motion in a room. Brain activity as measured by electroencephalogram (EEG) does seem to change in animals, many of whom “have been shown to exhibit an increase in slow-wave activity following induction of TI similar to, but nevertheless distinct from, that observed during sleep” (Gallup & Rager, 1996, p. 68). For participants here, the focus on these objects may represent an easy landing place for attention that is altered by fear, TI, dissociation, or some combination of these. It may be that attention was easily drawn to the brightest thing in the room, or the only motion in the visual field.

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## PTSD and TI continued

Another study by Fragkaki et. al. further elucidates the connection between TI and PTSD, noting that “although [TI is] rare in the general population, it is often reported in PTSD patients (23%–37%) (Galliano, Noble, Travis, & Puechl, 1993; Hagenaars, 2016). Peritraumatic TI is a relevant concept in the etiology of PTSD, as it was found to be predictive of PTSD, intrusion development, and poor treatment outcome (Bovin et al., 2008; Fiszman et al., 2008; Hagenaars et al., 2008; Heidt, Marx, & Forsyth, 2005; Lima et al., 2010; Marx et al., 2008). DSM-5 has recognized that PTSD can present itself in many forms and added a dissociative subtype. Given that TI is associated with distinct posttrauma behaviors and attitudes (Galliano et al., 1993), PTSD patients with high TI may also form a specific subtype of PTSD, characterized by a distinct behavioral and neurobiological profile. Indeed, PTSD patients with high levels of TI responded poorly to pharmacological treatment (Fiszman et al., 2008; Lima et al., 2010). Popova (2004) suggested that the choice of a defense strategy is based on serotonin metabolism in the brain and Lima et al. (2010) argued that PTSD patients that respond with TI might have higher levels of serotonin and reduced sensitivity of postsynaptic serotonin receptors, which might explain the ineffectiveness of antidepressants in these individuals. Treatments can be adjusted in several ways. First, TI induces feelings of shame and guilt (Bovin et al., 2014) so psychoeducation on the automatic nature of this response may be especially important in these specific PTSD patients, as it was already suggested 35 years ago (Bovin et al., 2014; Suarez & Jr Gallup, 1979). Also, although exposure treatments are generally effective for PTSD, the effects are stronger for fear and anxiety than for other emotions and cognitions (Schnyder & Cloitre, 2015). Emotions/cognitions such as shame and guilt may merit additional treatment strategies focusing on other emotional responses. For example, imagery rescripting was equally effective for fear-related emotions but more effective in reducing other emotional responses (such as anger; Arntz, Tiesema, & Kindt, 2007). Imagery rescripting techniques might also be used to address peritraumatic TI.”<sup>240</sup>

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<sup>239</sup> Tonic Immobility Among Survivors of Sexual Assault Sunda Friedman TeBockhorst, Mary Sean O’Halloran, and Blair N. Nylund University of Northern Colorado Psychological Trauma: Theory, Research, Practice, and Policy © 2014 American Psychological Association 2015, Vol. 7, No. 2, 171–178

<sup>240</sup> Tonic immobility differentiates stress responses in PTSD



“Overall, our data, as well as previous studies reporting an association between high TI and PTSD severity or poor treatment response, might indicate a TI-specific PTSD form which could be in need of more tailored interventions. Moreover, occurrence of eye closure during TI is associated with longer TI duration in animals (Gallup, Nash, & Wagner, 1971). That is, eye closure leads to increased postural sway in the PTSD group, but PTSD patients with high TI exhibited a lower increase in body sway, and Controls exhibited a greater decrease in body sway. This distinctive response raises questions about other (Fragkaki et al.) potential differences in PTSD based on levels of TI that warrant future exploration. Additionally, these findings suggest that traumatic experiences and the associated TI may become embodied in postural control systems. Future research is highly needed to corroborate these findings in larger samples of PTSD patients and compare PTSD with other threat-related disorders and anxiety disorders to establish whether this association is a transdiagnostic symptom or specific to PTSD.” <sup>241</sup>

“Moreover, the experience of TI during a traumatic experience has been positively linked to symptoms of posttraumatic stress disorder (PTSD) in cross-sectional studies (Bovin et al., 2008; Hagenaars, 2016; Heidt et al., 2005; Humphreys et al., 2010; Kalaf et al., 2015; Portugal et al., 2012; Rocha-Rego et al., 2009). Most recently, a prospective study demonstrated that peritraumatic TI during sexual assault increases the risk for subsequent PTSD development (Moller et al., 2017). In line, induced non-movement or higher self-reported TI during analogue trauma (i.e., a trauma film) was associated with more subsequent intrusive memories of trauma (Hagenaars et al., 2010; Hagenaars et al., 2008). It has even been shown that those who experienced peritraumatic TI and subsequently developed PTSD responded worse to treatment with medications (SSRI's or SNRI's) compared to those without peritraumatic immobility reactions (Fiszman et al., 2008; Lima et al., 2010).” <sup>242</sup>

“In line with previous work in clinical populations (Heidt et al., 2005), the prevalence of peritraumatic TI in our treatment-seeking PTSD sample was high: almost 80% of patients reported having experienced moderate or extreme peritraumatic TI. This percentage of people having experienced peritraumatic TI is much higher than the percentages found in most non-clinical samples (Bovin et al., 2008; Galliano et al., 1993; Hagenaars, 2016; Heidt et al., 2005). Our finding thus adds to the growing body of research implying that TI plays a pervasive role in PTSD. Notably, both female gender (Kalaf et al., 2015) and PTSD symptom severity have been positively linked to peritraumatic TI (Bovin et al., 2008; Heidt et al., 2005; Humphreys et al., 2010; Kalaf et al., 2015; Maia et al., 2015; Portugal et al., 2012; Rocha-Rego et al., 2009). In any case, the high report of peritraumatic TI by treatment-seeking PTSD patients suggests that clinicians should pay attention to this trauma response.” <sup>243</sup>

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Iro Fragkaki1 | John Stins2 | Karin Roelofs3 | Ruud A. Jongedijk4 | Muriel A. Hagenaars Article in Brain and Behavior · September 2016

<sup>241</sup> Tonic immobility differentiates stress responses in PTSD

Iro Fragkaki1 | John Stins2 | Karin Roelofs3 | Ruud A. Jongedijk4 | Muriel A. Hagenaars Article in Brain and Behavior · September 2016

<sup>242</sup> Tonic immobility differentiates stress responses in PTSD

Iro Fragkaki1 | John Stins2 | Karin Roelofs3 | Ruud A. Jongedijk4 | Muriel A. Hagenaars Article in Brain and Behavior · September 2016

<sup>243</sup> Tonic immobility during re-experiencing the traumatic event in posttraumatic stress disorder

“Future work should investigate whether the occurrence of TI during re-experiencing symptoms is indeed related to a worse course of PTSD. Previous studies suggested that peritraumatic TI is related to PTSD symptom severity (Bovin et al., 2008; Hagenaars, 2016; Heidt et al., 2005; Humphreys et al., 2010; Kalaf et al., 2015; Maia et al., 2015; Portugal et al., 2012; Rocha-Rego et al., 2009). In line, we found a moderate positive correlation between peritraumatic TI and PTSD symptom severity. Previous studies also found a relationship between peritraumatic TI and TI in response to a stress-induction (Fragkaki et al., 2016; Volchan et al., 2011), which was again confirmed by our findings. By testing all variables in one model, we found a possible explanation for the previously reported effects of peritraumatic TI on PTSD. That is, TI during re-experiencing the traumatic event fully mediated the relationship between peritraumatic TI and PTSD symptoms. Thus, it appears that those who experience peritraumatic TI are likely to experience TI during subsequent stressors, and that especially this re-occurring TI response is related to PTSD symptom severity. This would imply that more attention, in both research and clinical care, should be paid to post-trauma TI reactions. One alternate explanation for the finding that TI during reexperiencing mediates the effect of peritraumatic TI on PTSD symptoms severity is that TI during re-experiencing is not so much a predictor but rather a correlate of PTSD severity. The occurrence of TI during re-experiencing and its effect on PTSD symptoms highlights the importance of further studying TI at different stages post trauma. We propose a mediation model including peritraumatic TI as well as TI during re-experiencing and made a first step in testing this model. Our findings highlight the influence of post trauma TI on PTSD symptoms, and it appears crucial to learn whether this re-occurring TI hampers recovery.”<sup>244</sup>

### TI and Intrusive Memories

The mechanisms of action of TI might also specifically promote the development of intrusive memories. In support of this theory is the fact that “another defense response that includes immobility (freezing) is associated with enhanced sensory intake (Bradley, Codispoti, Cuthbert, & Lang, 2001). This may cause a dominantly perceptual information processing style, which is considered to result in the development of vivid, intrusive memories (Ehlers & Clark, 2000).”<sup>245</sup> This hypothesis is supported by Hagenaars (et al) who demonstrated findings and hypothesis about the correlation between TI and PTSD in an experiential PTSD analogue study by “showing that (either voluntary or involuntary) immobility during an aversive film resulted in more intrusive

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Rianne A. de Kleinea,b,\*  
 , Muriel A. Hagenaarsc  
 , Agnes van Minnenb,d, Psychiatry Research · June 2018  
<sup>244</sup> Tonic immobility during re-experiencing the traumatic event in  
 posttraumatic stress disorder

Rianne A. de Kleinea,b,\*  
 , Muriel A. Hagenaarsc  
 , Agnes van Minnenb,d, Psychiatry Research · June 2018

<sup>245</sup> Attentional control affects the relationship between tonic immobility and intrusive memories Muriel A. Hagenaars\*, Peter Putman Department of Clinical Health and Neuropsychology, Leiden University, PO. Box 9555, 2300 RB Leiden, The Netherlands. Journal of Behavior Therapy and Experimental Psychiatry. J. Behav. Ther. & Exp. Psychiat. 42 (2011) 379e383

memories of that film relative to free-to-move counterparts (Hagenaars, Van Minnen, Holmes, Brewin, & Hoogduin, 2008).”<sup>246</sup>

### TI and Trauma Reminders

“Few studies explored the occurrence of TI during trauma reminders. Volchan et al. (2011) presented trauma-exposed participants with an autobiographical trauma script and found that script presentation evoked TI reactions. Moreover, this experimentally induced TI was positively related to reports of peritraumatic TI. In similar fashion, Alves et al. (2014) showed that higher levels of TI during violent crime were associated with increased heart rate in response to trauma-relevant pictures (i.e. pictures of a gun), while those with lower TI during violent crime responded with reduced heart rate. Together, these findings raise the question whether TI reactions might also occur in daily life in reaction to trauma-reminders, and specifically, whether PTSD patients might experience TI during reexperiencing the traumatic event (e.g. during unwanted thoughts or flashbacks). By the best of our knowledge, no one has yet investigated whether PTSD patients experience TI during re-experiencing the traumatic incident. This might be of particular relevance, as immobility might contribute to feelings of uncontrollability and negative appraisal, which are important factors in the maintenance of PTSD (Ehlers and Clark, 2000; Foa et al., 1992).”<sup>247</sup>

### Appendix B

#### Peritraumatic Dissociative Experiences Questionnaire (PDEQ)

Please complete the items below by circling the number that best describes the experiences you had had during and immediately after the critical incident. If an item does not apply to your experience, please circle "not at all true". Not at all true Slightly true Somewhat true Very true Extremely true

1 I had moments of losing track of what was going on. I "blanked out" or "spaced out" or in some way felt that I was not part of what was going on. 1 2 3 4 5 2 I found that I was on "automatic pilot". I ended up doing things that I later realized I hadn't actively decided to do. 1 2 3 4 5 3 My sense of time changed. Things seemed to be happening in slow motion. 1 2 3 4 5 4 What was happening seemed unreal to me, like I was in a dream, or watching a movie or play. 1 2 3 4 5 5 I felt as though I were spectator watching what was happening to me, as if I were floating above the scene or observing it as an outsider. 1 2 3 4 5 6 There were moments when my sense of my own body seemed distorted or changed. I felt disconnected from my own body, or it was unusually large or small. 1 2 3 4 5 7 I felt as though things that were actually happening to others were happening to me — like I was in danger when I really wasn't. 1 2 3 4 5 8 I was surprised to find afterwards that a lot of things happened at the time that I was not aware of, especially things

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<sup>246</sup> Attentional control affects the relationship between tonic immobility and intrusive memories Muriel A. Hagenaars\*, Peter Putman Department of Clinical Health and Neuropsychology, Leiden University, PO. Box 9555, 2300 RB Leiden, The Netherlands. *Journal of Behavior Therapy and Experimental Psychiatry*. J. Behav. Ther. & Exp. Psychiat. 42 (2011) 379e383

<sup>247</sup> Tonic immobility differentiates stress responses in PTSD

Iro Fragkaki1 | John Stins2 | Karin Roelofs3 | Ruud A. Jongedijk4 | Muriel A. Hagenaars Article in *Brain and Behavior* · September 2016

I ordinarily would have noticed. 1 2 3 4 5 9 I felt confused; That is, there were moments when I had difficulty making sense of what was happening. 1 2 3 4 5 10 I felt disoriented; that is, there were moments when I felt uncertain about where I was or what time it was. 1 2 3 4 5 4

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## Appendix C

Peritraumatic Distress Inventory (PDI) Please complete the items below by circling the number that best describes the experiences you had had during and immediately following the critical incident. If an item does not apply to your experience, please circle "not at all true". Not at all true Slightly true Somewhat true Very true Extremely true 1 I felt helpless. 0 1 2 3 4 2 I felt sadness and grief. 0 1 2 3 4 3 I felt frustrated or angry. 0 1 2 3 4 4 I felt afraid for my own safety. 0 1 2 3 4 5 I felt guilty. 0 1 2 3 4 6 I felt ashamed of my emotional reactions. 0 1 2 3 4 7 I felt worried about the safety of others. 0 1 2 3 4 8 I had the feeling I was about to lose control of my emotions. 0 1 2 3 4 9 I had difficulty controlling my bowel and bladder. 0 1 2 3 4 10 I was horrified by what I saw. 0 1 2 3 4 11 I had physical reactions like sweating, shaking, and my heart pounding. 0 1 2 3 4 12 I felt I might pass out. 0 1 2 3 4 13 I thought I might die. 0 1 2 3 4

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## Appendix D Symptoms of Post Traumatic Stress Disorder (from DSM IV)

Symptoms of Post-Traumatic Stress Disorder (DSM-IV) According to the diagnostic criteria set by the APA in the DSM-IV, in order to determine if your patient has post-traumatic stress disorder they must satisfy various criteria: A (Exposure to a traumatic event), B (Intrusive symptoms), C (Avoidance and numbing symptoms), D (Symptoms of increased physiological arousal), E (Duration of the disturbance) and F (significant distress or impairment). A: Exposure to a traumatic event The person has been exposed to a traumatic event in which both of the following were present: 1. The person experienced, witnessed, or was confronted with an event or events that involved any or all of the following: actual or threatened death; serious injury; or a threat to the physical integrity of self or others. 2. The person's response involved intense fear, helplessness, or horror. B: Intrusive symptoms The traumatic event is persistently re-experienced in one (or more) of the following ways: 1. Recurrent and intrusive recollections of the event, including: images, thoughts, and/or perceptions. 2. Recurrent distressing dreams of the event. 3. Impressions of reliving the event (including hallucinations and flashbacks, experienced while awake or intoxicated). 4. Intense psychological distress, when exposed to internal or external cues that symbolize or resemble an aspect of the event. 5. Physiological reactivity when exposed to internal or external cues that symbolize or resemble an aspect of the event. 7 C: Avoidance and numbing symptoms Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by at least three of the following: 1. Efforts to avoid thoughts, feelings, and/or conversations associated with the trauma. 2. Efforts to avoid activities, places, and/or people that arouse recollections of the trauma. 3.

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<sup>248</sup> <http://www.info-trauma.org/flash/media-e/triageToolkit.pdf>

<sup>249</sup> <http://www.info-trauma.org/flash/media-e/triageToolkit.pdf>

Inability to recall an important aspect of the trauma. 4. Markedly diminished interest or participation in significant activities. 5. Feeling of detachment or estrangement from others. 6. Restricted range of emotional expression. 7. Sense of a 'stunted' future. D: Symptoms of increased physiological arousal Persistent symptoms of increased arousal (not present before the trauma), as indicated by at least two of the following: 1. Difficulty falling or staying asleep. 2. Irritability or outbursts of anger. 3. Difficulty concentrating. 4. Hypervigilance. 5. Exaggerated startle response. E: Duration of the disturbance(s) (symptoms in Criteria B, C, and D) is more than one (1) month. F: The disturbance causes clinically significant distress and/or impairment in social, occupational, and/or other important areas of functioning.<sup>250</sup>

## Appendix E

### Negotiation Short Form

### Negotiation Long Form

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<sup>250</sup> <http://www.info-trauma.org/flash/media-e/triageToolkit.pdf>