

Freeze in Aquatic Bodywork

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JoAnn (a composite client of many who have come to me) called me and asked for an aquatic bodywork session. She had never had one before and she was excited to try it. She told me her shoulders were tight from working at the computer most days. She said she had a small scare when her brother pushed her under the water when she was a child, but doesn't have a fear of water. I noticed a bit of nervousness as she talked and she didn't make very much eye contact. I watched as she entered the pool, down the ladder, she seemed assured as her body contacted the warm water. "Ah," she said, "That feels so good; just what I need." I spoke to her about what was going to happen and began to put floats on her legs. She didn't seem to be paying too much attention. I told her to lean back into my arm and I picked her up. The session went "ok". There was tension in her hips and her legs wouldn't open. I worked gently and avoided moves that would open her legs. I noticed her arms at times going out straight from her shoulders and that they wouldn't bend. By the end of the session, after I tried various things to "loosen" her, she did begin to loosen and relax a bit. As I brought her back to the wall, she opened her eyes and said, "That's the most relaxed I have ever been!"

How many of you have seen these same clients? What is this? And how can we connect and work with these clients? Every time, I scratch my head and wonder: How can I find the key to unlock their bodies and spirits? How can I be more Present, Connected, Open, Light... all the things I tell my students to be. I watched JoAnn walk away, knowing I probably wouldn't see her again and hoping I had done something good for her.

Recently I watched a webinar on PTS (Post Traumatic Stress): Freeze, Dissociation and other responses to PTS besides Fight, Flight: Collapse/Submit, Cry for Help and Please and Appease. The series of webinars was presented by the National Institute for the Clinical Application of Behavioral Medicine. Among the therapists and scientists who spoke were Ruth Buczynski PhD, Bessel Van der Kolk, MD, Stephen Porges, PhD, Ruth Lanius, MD, PhD, Pat Ogden PhD, and Janina Fisher, PhD. During the webinar on Freeze, I was having some epiphanies and connecting the dots in what I have experienced with many of my aquatic bodywork clients, like JoAnn. I have come to understand that the phenomenon I described above is Freeze that is localized in the spine, hips and the extremities, and is possibly exacerbated by past traumas.

What is Freeze?

When a person is experiencing the original trauma the body sometimes goes into one or both types of Freeze: 1. Orienting Freeze that only lasts a few moments to determine safety. 2. Freeze that happens when Fight or Flight is not possible. This Freeze is what will be addressed in this article. In this type of freeze there is what Dr. Ruth Lanius calls "tonic immobility" where specific muscles, in particular the

muscles along the spine and also the ones that help us breathe become frozen. Voice production is lost and sensory information coming from the body and the outside world stop at the level of the thalamus in the middle of the brain. This cessation means that the sensory information never reaches the cortex where it can be integrated. Thus, when we are in freeze, we may not be able to know what's happening in our bodies or the outside world. In a traumatic situation where the person does not want to feel the overwhelming emotion of pain or terror, this cessation serves a purpose. It can become adaptive in the sense that it is a way to block the experience so that the organism can function, especially in an unimaginable trauma.

When freeze happens in a traumatic situation that has not been fully integrated, it often shows up later in life in uncomfortable or threatening situations. It can also show up when the trauma is remembered.

How do you determine if your client may be one of those who freezes during the session? As you meet your client do you feel, see, or sense tension, hyper-arousal, or notice energy going up but not going anywhere? You might feel it in your body as tension, or in your spine as tensing up. To begin with, let your spine move so you can come back to the present moment. It is extremely important that you take care of yourself, so you can be there, present and aware. Your client can recognize if you are unsure or not present.

How to work with Freeze within our scope of practice.

Orienting. Orienting is associated with what we do when we think danger is close. We look around, taking in our environment to see where the danger is. Many times when we meet clients, they don't have the time to discover the environment. This short method of allowing clients to look around can help them feel safe. Before you pick up your client and if you get into the pool first, comment on how the water feels on your skin so your client can focus on these sensations in their own body as they come into the pool. Or ask how it feels. Invite them to walk around the pool, letting their eyes go where they are drawn. This allows them to move their spine and use the orienting response to discern that the environment is safe. If your client has a fear of water, orienting might also help them to explore how deep the water is, and that they can stand up if they feel the need to. Allow for some play or dance or other movement to help them feel their body. Let yourself relax and move in the water, this movement, calming your own nervous system so that they can feel the "presence of another predictable, regulated nervous system." (Deb Dana, PhD) You might even name what you are doing while their ears are out of the water, to allow a continued connection to the Ventral Vagal or social engagement system. Part of orienting is telling them what is going to happen during the session, and giving them permission to change their position or even stop at any time. When your client is not making direct eye contact, you may keep your eyes focused on something else so that your gaze does not feel intrusive. Let your voice be calm and rhythmic as you invite them to feel the water on their skin, and their feet on the ground. As you face them and hold under their hands invite them to squeeze your hands when they are

ready for you to pick them up. This way they can decide when it feels appropriate and it grants them agency in the process. When you feel this, slowly bring their head into the water and their feet off the bottom of the pool.

If your client was in freeze during the first orienting part of the session, they might not have taken in your instructions. So you may find a client in your arms who is holding, tense, and not breathing easily. Here we will work with “**right brain to right brain communication.**” Dr. Pat Ogden clarifies this as resonating emotionally and somatically, and communicating that resonance through how we use our bodies. What is important for us here is to keep our nervous system regulated and to communicate non-verbally that: 1. you know what you are doing, 2. you have done this many times before, and 3. that this is what is supposed to happen. We are normalizing an experience that may feel strange. As we sense into our client we “Relate and Mirror” (Alexander George, creator of Healing Dance aquatic modality): moving with your client, finding harmonies, and inviting archetypal positions and movement. Aquatic Bodywork is a modality that uses this right brain to right brain communication as a way to communicate safety, resonance and invitation.

Dr. Ruth Lanius said, “**Deep Pressure** may be helpful in a freeze response because it activates a certain part of the spinal cord called the dorsal meniscal system. That connects in the brain with areas that help us to know where we are, and help us to integrate sensory information.” Though this theory has not yet been studied in depth, our experience shows that deep pressure is helpful in bringing someone out of freeze. In Aquatic Bodywork we can apply deep pressure by placing our hands on either side of the hips and applying pressure. Or, if the head is on a head pillow, we may apply pressure to the feet or the shoulder.

Another place of focus can be the **breath**. Notice the breath. Is it shallow, short? Without too much emphasis, allow your breath to lengthen and deepen and as you do, your heart rate will slow. Slowly and mindfully place your hand on the heart. Move your hand with the breath, sinking into the exhale and letting up slightly on the inhale. Your following and mirroring the breath allows your client to focus on their own breath and to start to come into coherence with your breath. Place the emphasis on the exhale because it activates the parasympathetic nervous system (the rest and digest system of the autonomic nervous system). Other hand placements can be in the Under Head position with your hand on either side of their belly or heart or the sides of their ribs. Placement of the hands is more potent if the hands are opposite each other to invite energy balancing. Sinking into your breath and presence usually increases connection.

As I mentioned before, **movement** is sometimes an effective way to thaw freeze. One client I worked with was holding in his spine and legs. I tried “everything.” Finally I decided to use some yang movements, and in a few moments, the freeze was thawed. Be mindful of how the movement is received and change it if it isn’t working.

Some questions that have come up for me as I write this paper: 1. Am I serving clients with these interventions? This question has to come with each individual we work with. Since freeze is an adaptive response to trauma, it is not something to be fixed, but met with compassion. How can I use these interventions as an invitation rather than a direction? 2. Do we tell our clients that we observed that they were holding? Since the freeze response stops in the limbic brain and doesn't travel to the cortex, telling your client may bring up surprise and shame. Instead, ask after the session when your client is present, "What did you notice?" and "What are you noticing now?" may bring some clarity and integration. If your client comes back for another session, it's important to ask how they felt after the last session and what their intention is for this session. These inquiries serve as a guide for your session both in learning what worked last time and knowing what the intention is often brings forward that which is blocking it.

Remember: "Clients are not problems to be solved, they're experiences waiting to happen." Ron Kurtz Founder of the Hakomi Institute.

As we work with clients, we must keep in mind that every person is different. Employing experimentation with presence and compassion is key. Asking internal questions like: "What do you need, in this moment?" and "How can I help you let go?" can open channels in your own body and provide information about how to connect and find what is needed. And, it is possible that it is none of these techniques.

Aquatic bodywork is unique and obviously different from normal bodywork or massage. It is also very different from talk or somatic therapy. Our super powers are:

1. The closeness with which we work with our client which helps regulate the breath, heart rate and nervous system. This happens when we are regulated and in coherence.
2. Warm water that creates a safe container that moves past the skin, allowing for soothing of the proprioceptors, (skin receptors) sending messages of calm to the brain.
3. Our regulated nervous system. We are in warm water as well and our own nervous system is also calmed.
4. Our presence and compassion.

Use them well.

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