

THE SECOND STAGE OF SAFETY: BODY AWARENESS TRAINING FOR ADULT SURVIVORS OF CHILD ABUSE¹

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What is safety for an abuse survivor? What is the difference between feeling safe and actually being safe? Is safety in the professional helping relationship the same as safety outside of that relationship?

As usual, the answer you get to a question depends on the perspective you bring to the question. As a somatic educator and martial artist, I have a very body-oriented and practical view of what constitutes safety. Since 1987, most of the students who have come to me for body education sessions have been adult survivors of child abuse, and I have seen over and over again how issues of powerlessness and lack of safety play out in the bodies of people who have grown up feeling and being disembodied, powerless and unsafe.

Safety starts with the family — the way the parents and other family members treat a child and protect the child from the environment. By feeding, clothing and housing the child, the parents create a healthy situation for the child. By safeguarding the child from possible dangers, the parents create a situation in which the child will not be hurt or injured. By loving, respecting, nurturing and encouraging the child, the parents create a safe nest in which the child can learn love, respect and connection.

It is this parental nest which provides the usual picture of safety in the caring relationship. The psychotherapist or other caregiver is usually thought of as providing the love, respect and nurturance which was missing in the survivor's early life, the lack of which caused the damage experienced by the client. By consistency in caring and respect, the caregiver is teaching the client how to believe s/he is worthy of care and respect and that care and respect can actually be found in an interpersonal relationship. By basing

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her/his behavior on a constant attention to the needs and feelings of the client, the caregiver creates a feeling of and the reality of safety for the client.

This safety constitutes the first, crucial stage in helping people who have been hurt. Without this kind of safety, any growth and healing are very unlikely. However, there is more to safety than this. If this “parental” safety is all that the client experiences, the client will remain a child/victim who always needs the protection of the parent/caregiver. In the first stage of safety, safety comes from outside the client. But in the second stage of safety, safety must come from within the client.

The second stage of safety is comparable to the second stage of parenting, which consists of helping the child achieve the power, skills and experience to leave home and keep her/himself safe. The child or the client must become able to create through her/his own abilities safety in unsafe conditions. That is the hallmark of a mature and successful human being.

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Safety derives from skills, and skills can be learned only through practice.² In order to practice the skills of creating safety, the abuse survivor must be supplied with a carefully graded series of “unsafe” situations within which s/he can safely practice taking charge and creating safety. I have developed a systematic approach to body awareness training, which I call Being In Movement® mindbody training, and it is this which forms the basis of my work with survivors. Being In Movement focuses on the bodily development and integration of awareness, power and compassion and the ability to use this body state as a platform for effective action.

There are two levels of safety practice. The first level consists of internal somatic self-observation and self-regulation, and the second level consists of practical exercises in self-protection. In working on the first level of safety, one exercise that I might do with students would involve saying the name of the person who abused them. As a general rule, when survivors speak the name of their perpetrator, that triggers a host of somatic responses that relate to the abuse. Survivors may stop breathing, collapse or constrict their posture, look away into the distance, tighten their pelvic floor muscles, and so on.

Though people generally seem to think of feelings as being some kind of mental vapor, somatic events are the actual physical processes which feelings are feelings of. As long as people notice just the end product of their somatic processes and not the series of physical steps by which they construct their emotions, they can’t easily manage their painful feelings. That leaves them feeling overwhelmed by out-of-control internal processes, which reinforces their feeling of being powerless and unsafe.

² For detailed instructions on how to do the basic breathing, body awareness, and centering exercises I teach, see the file *A Downloadable Script for the Eight Core BIM Exercises* on my website, www.being-in-movement.com.

Not only does it leave people feeling unsafe, but it makes them actually unsafe. Somatic responses of constriction and immobility decrease people's ability to breathe, speak, think and move, which makes them sitting ducks. When they are unable to act with clarity and strength, they cannot handle the threats and challenges which life inevitably sends, and their beliefs that they are victims are strengthened -- which makes them continue to respond like victims and get hurt over and over.

By learning to regulate their breathing, muscle tone, posture, perceptual field, intentionality, energy and movement, survivors can construct for themselves an integrated mindbody state of awareness, power and compassion. When an abuse survivor experiences that s/he can say the perpetrator's name and deliberately keep breathing, stay focused and present in the body, and speak and move from their inner strength, there is a freedom and a healing that is achieved. Survivors experience that rather than being controlled by their conditioned body responses, they can choose new and better internal states.

Being able to choose better internal states is helpful in daily living and is very important as a foundation for successful psychotherapy. In daily life, survivors are often confronted with situations which are reminiscent of their abuse. In psychotherapy, survivors talk about their abuse. In both cases, survivors can experience pain and fear.

In order to feel safe and function effectively while confronting present threats or past violations, survivors must learn beforehand how to regulate their bodies and interrupt the painful sensations that will arise. Learning to manage and reduce somatic processes of pain, fear, shame, dissociation, and so on is crucial for survivors in being able to confront their past effectively.

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The first level of safety practice consists of achieving mastery over threatening internal somatic states. The second level of safety practice consists of achieving mastery over external threats. These external threats have significance both as triggers to painful internal states and as actual dangers.

Think of someone who as a child fell in the water but couldn't swim and nearly drowned. As an adult, s/he has an intense fear of the water. Dealing with the feelings through talking about them in a respectful, nurturing relationship is certainly crucial in healing the old fear. But in the end, if that is all that is done, the person will still be unable to swim and will have a legitimate and continuing fear of the water. Learning to control the body processes of fear and dissociation is important. However, learning to swim, and not just swim with gritted teeth and a clenched gut, but swim with joy and grace -- that is what will heal the old fear and create a sense of practical mastery and safety in the present.

In the same way, abuse survivors have to confront and master their old assaults in order to move beyond them. Of course, it is impossible to change the past, but by

replaying their abuse and changing the ending, survivors can change who they are in the present. By learning and practicing self-defense techniques for the specific assaults they experienced, survivors can experience their present ability to defeat what once defeated them, and they will experience themselves as safe and free.

In this process, it is crucial to combine the inner somatic centering with the execution of powerful and effective fighting techniques. It isn't enough to defeat an attack while being fearful and dissociated. Survivors have to experience awareness, power and compassion as the foundation for effective self-defense actions. In so doing, they experience that being present is better than dissociating; that they have the capacity to protect themselves; that power can be used in a respectful, ethical and life-affirming manner; that using their rightful power in the right way does not make them into perpetrators; and that they do not have to continue to be victims.

There are a couple of cautions. First, it is important to state clearly that survivors should not blame themselves for being unable to defend themselves in the past, when they were in fact powerless and untrained. And second, teaching an individual the specific self-defense techniques that apply to the specific assaults s/he suffered is not the same as a complete self-defense course. It is a very limited process which is designed to overcome the conditioned victim mentality. It is not designed to confer a general skill level in self-protection. A full self-defense course or extended practice of a martial art are necessary for that.

As one example of this process of second stage safety practice, I was working recently with a woman who had been raped as a little girl by her father. When we first started working together, her whole body was numb. She was very athletic and strong, but she pursued her athletic training in an obsessive, grinding way, not feeling what she was doing, but driven by a feeling that she had to get fast and strong. Her whole body was tense and she kept her feelings at bay by that tension. As we worked, she was able to relax and start feeling her feelings. She learned that she could reduce the overwhelming feelings by relaxing and centering her breathing and her posture. That was much better than managing her feelings through tension and working herself to exhaustion. This new ability to handle her feelings productively allowed her to do important work with her therapist.

At one point she mentioned that when she was young her father would often lose his temper, grab her by the throat, and choke her to shut her up. So we worked with the defense from that choke. I practice and teach Aikido, a non-violent Japanese martial art, so my focus in teaching self-defense techniques is the use of gentleness and balance to overcome hardness and violence. With her permission, I choked my student, and she practiced keeping herself calm and alert in that situation. Once she was able to do so, I showed her a simple technique that utilizes a relaxed spiral of movement to dislodge the choke and bring the attacker under control. She loved the feeling of doing it, and did it over and over on me, throwing me off her with great joy.

The next week she came in for her lesson with a particularly glowing grin. I asked her what she was grinning about, and she said that she'd had to go back to her parents' house that weekend, and her father got angry and tried to choke her. This time, though, she used what I'd shown her. Rather than holding her breath and dissociating, she found herself automatically breathing more fully and dropping into a grounded posture. Her father never even got his hands around her throat. She parried his grab, spun him around and threw him up against a wall. She told him, clearly and strongly, that he could never choke her again, and she left. That's safety! Being able to be present in one's body and enforce effective boundaries through one's own joyful power is the essence of safety. And safety leads to healing and to feelings of self-worth.

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In summary, there are two problems in the customary idea of safety in the caregiving relationship with abuse survivors. The first has to do with the nature of the caregiving relationship. Safety is generally thought of as coming from nurturance, empathy and trustworthiness on the part of the caregiver. Of course these qualities are absolutely crucial, but they are just a first stage in safety. Thinking of safety as coming from the caregiver prevents the adult survivor from moving beyond the victim/child status. This is because locating safety in the person of the caregiver mirrors the adult-child relationship and keeps the survivor functioning in a child state, looking to the grownup for rescue.

The second problem has to do with the nature of safety itself and what safety skills truly are. Safety is not a feeling; it is the capacity for effective action to control danger. Many survivors arrange their lives to feel safe, but survivors often feel safe when they are not really safe. They may numb themselves through drugs or dissociation or many other dysfunctional coping strategies and simply deny real dangers. Psychotherapy itself, because it can focus on the exploration and cultivation of feelings and words rather than practical skills for action, can sometimes encourage survivors to focus on developing the feeling rather than the reality of being safe.

The solution to both these problems lies in helping survivors develop practical skills of awareness, empowerment and self-protection. In a nutshell, safety is the ability to control the environment. Safety skills must include the ability to regulate the mind and body to produce a somatic state of relaxed alertness and readiness to protect oneself, and it must also include the ability to use appropriate levels of verbal and physical force (in a compassionate and ethical manner) to protect oneself from real dangers.

Therapy, somatic education and martial art training all complement each other. Somatic education and martial arts need therapy to help survivors process their feelings, and therapy needs body awareness education and self-protection methods to help survivors move into the second stage of safety. Survivors should have access to all three forms of work, and professionals in all three areas should work together for the benefit of abuse survivors.

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